



**INTENT TO CHANGE DEGREE PROGRAM
(For First Year Students Only)**

Notes to the Student:

1. Students may shift to another degree program only after the completion of their First Year of studies at the Loyola Schools.
2. However, First Year students who are preparing to shift may request for an adjustment to their second semester individual program of study after the release of their first semester advisory marks.
3. Requests to replace courses may be made only for major subjects. Core curriculum courses may not be replaced.
4. In accomplishing this form, students should consult their home department chair/program director and the home department/program director of the program they intended to shift into so they may be properly advised regarding the courses to be replaced.
5. The requested load must not exceed the maximum semestral load of a student's current degree program.

Obtain all approvals in their proper sequence. The accomplished form (i.e., with all approvals) must be submitted to the Registrar within the prescribed deadline.

ID No. _____ Name _____
Surname Given Name MI

I declare my intention to change my degree program from _____ to _____

I wish to change my degree program because (Form will be returned to the student if this is left blank):

In preparation for shifting, I am requesting the following changes to my individual program of student for the second semester of the current SY _____.

Current IPS		Requested IPS		ADAA-APPROVED PROGRAM OF STUDY (to be accomplished as part of Approval No. 3 below)	
Course Cat. No.	Units	Course Cat. No.	Units	Course Cat. No.	Units
Total Load		Total Load		Total Load	

I understand that the approval of this request does not guarantee my admission into my intended degree program and that the adjustments I have requested may result in a delay in the completion of my degree program. Furthermore, I am aware that the request to enroll in courses outside of my current Program of Study is subject to the availability of slots and may result in changes to my blocked schedule.

Student's Signature

<input type="checkbox"/> Endorsed <input type="checkbox"/> Not Endorsed Remarks: _____ _____ _____	<input type="checkbox"/> Endorsed <input type="checkbox"/> Not Endorsed Remarks: _____ _____ _____
Name and Signature of Student's Home Department Chair/ Program Director	Date Signed
Name and Signature of the Chair/Director of the Receiving Department/Program	Date Signed

Approvals:

1. Office of Admission & Aid (for scholars only) _____ Date _____
2. Associate Dean for the Core Curriculum _____ Date _____
3. Associate Dean for Academic Affairs _____ Date _____
4. Registrar _____ Date _____