

National University of Natural Medicine
Track Change Request

You must do the following:

- 1) Obtain the curriculum layout for new program from the Center for Academic Success
- 2) Discuss with the Financial Aid the effect of the proposed change to your financial aid availability.
- 3) Read policy in student handbook which pertains to the requested program change.
- 4) Obtain required signatures in order on form
- 5) Submit Add/Drop forms as needed to registrar's office.
- 6) Requests must be completed by week 8 of the term prior to which the change is to be effective.
- 7) Financial Aid and tuition adjustments will be made according to published policies.
- 8) Return completed form to Registrar Office

Student Name: _____ **Mailcode:** _____ **Phone #:** _____

Year in School: _____ **Current Track:** _____ **Current Program:** _____

New Anticipated Graduation Program _____ **: Date** _____

New Anticipated Graduation Program _____ **: Date** _____

Effective Term (may not be the current term): _____

Change of Plan – please check the box of the track you want. :

4 year ND 5 year ND 4 year MSOM 5 year MSOM 4 year DSOM 5 year DSOM
 1 year of Current Program 2 year of Current Program Extend Current Track Other (please explain below)

Reason for change: _____

I am requesting the following status change. I have read and understand all of the policies stated in the current student handbook. I have met and discussed with the business office and financial aid the monetary effect of the above requested change. I have received and reviewed the program maps for the requested program. I have submitted add/drop forms for course changes if necessary.

STUDENT SIGNATURE: _____ **Date:** _____

DIRECTOR OF ACADEMIC SUCCESS & ACCESS (or designee):

The request for change in status is: **Approved** **Denied**

Signature: _____ Date: _____

Petition to Deviate Require Yes _____ No _____ Add/Drop Form Required Yes _____ No _____

FINANCIAL AID (student counseled): Date _____ Initials _____

Form processed _____ **Date** _____

Please return this form to the Registrar's Office when completed
REGISTRAR— Copies made and distributed to the following offices:

Copies _____ Financial Aid _____ Student _____ Trait _____ Program Dean