



Change in Undergraduate Degree Program

The Office of Registration and Records

Name: _____ Date: _____

Student ID: _____ Email: _____

Take this form to your undergraduate academic advisor to obtain a plan of study for your new degree program. You must also have the approval of the department chair *of the program you wish to enter* prior to declaring any addition to or replacement of your current degree program. Dropping a secondary degree or adding a certificate only requires the signature of the student.

Any changes to your degree program will result in the implementation of the most recent degree requirements for your curriculum (see current catalog). Changes may also result in the loss of previously awarded transfer credits and/or unused credits from Capitol that are not applicable to your new degree program. ***Degree programs new to the university may be subject to a limited course development schedule. Please be aware that entry into one of these programs may delay your time to degree completion.***

Currently enrolled students who wish to pursue two different degree programs (AAS or BS) must have a cumulative GPA of 2.5 or better. For a second BS degree, students must complete a minimum of 150 credits, with a minimum of 18 credits distinction between degree programs of which at least 12 must be upper-level (300+) courses. For a second AAS degree, students must complete a minimum of 75 credits, with a minimum of nine credits distinction between degree programs of which at least six must be 200+ level or above.

Please note: If you are receiving financial aid or receive VA benefits be sure to contact the Financial Aid Office immediately and/or the school certifying official (SCO). Your change of degree program may affect your benefits status.

Current Degree Program: _____

Action Requested (circle one): Add Switch Drop Add Certificate

New Degree Program: _____

Student Signature: _____

Undergraduate Academic
Advisor Signature: _____

Department Chair Signature: _____

*Undergraduate Academic Advisor: please attach a tracking sheet and plan of study for the new degree program.
Department Chair: please indicate any course substitutions or reallocation of transfer credit on the tracking sheet.*

Capitol Technology University
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Tel: 301-369-2313
Email: registrar@captechu.edu

<u>For office use only:</u> Credits Earned: _____ CGPA: _____ Date: _____ Changed in Jenzabar: _____ Letter/tracking sheet sent: _____
