

Change of Program Application (COPA)

Coyote ID: _____ Date: _____

Name: _____
Last First MI

Email: _____ Phone: _____

Effective Term: Fall ☐ Winter ☐ Spring ☐**Current Program(s):**

MA/MS: _____

Concentration: _____

Credential: _____

Will you be completing the above program(s)?

☐ Yes ☐ No

Term of Completion: _____

Request to:☐ Add ☐ Drop ☐ Change to

MA/MS: _____

Concentration: _____

Credential: _____

New Program Coordinator Signature: _____

Important Information:

- Only **one** change of program is allowed per term.
- Allow a minimum of two weeks for processing.
- **This application cannot be processed until proof of payment has been received.**
- ☐ I accept any changes that might result from processing this Change of Program Application.

Student Signature_____
Date**For Office Use Only:**

Notes: _____

Received by: _____ Date: _____

Processing Fee: \$6.00

Receipt No. _____