



# Request to Change Degree Program Track or Specialization

Full Name \_\_\_\_\_ Student ID \_\_\_\_\_  
First Middle Last

Are you an international student? \_\_\_\_\_ Are you a veteran receiving tuition benefits? \_\_\_\_\_

Current Degree Program \_\_\_\_\_ Current Track/Specialization \_\_\_\_\_

Requested Track/Specialization \_\_\_\_\_

Requested Term of Admittance \_\_\_\_\_ Campus Location \_\_\_\_\_

I have read and understood the current catalog description of the requested degree program named above.

I am requesting permission to change my degree program track or specialization because \_\_\_\_\_

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Advisor's Comments \_\_\_\_\_

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Advisor's Signature \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**PORTLAND CAMPUS**

Attn: Krista Cain  
5511 SE Hawthorne Blvd  
Portland, OR 97215-3367  
(877) 517-1800 or (503) 517-1800  
(503) 517-1801 fax

**SAN JOSE CAMPUS**

Attn: Carrie Priest  
469 El Camino Real, #205  
Santa Clara, CA 95050  
(877) 900-6889 or (408) 356-6889  
(408) 358-2907 fax

**SACRAMENTO CAMPUS**

Attn: Janet Gluck  
2924 Becerra Way  
Sacramento, CA 95821  
(800) 250-7030 or (916) 488-3720  
(916) 488-3735 fax

**OFFICE USE ONLY**

Approve \_\_\_ Disapprove \_\_\_ Advisor \_\_\_\_\_ Registrar \_\_\_\_\_ Date \_\_\_\_\_

Term of Admission \_\_\_\_\_ Comments/Provisions \_\_\_\_\_