



**CHANGE OF PROGRAM AND/OR EMPHASIS FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Student Email: \_\_\_\_\_

Current Program and emphasis (if applicable):

\_\_\_\_\_

New Program and/or emphasis (if applicable):

\_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Program Director Authorization: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Department Chair Authorization: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**\*\*Student Signature and Program Director Authorization  
must be completed before submitting to**

Graduate Records  
Graduate Services Office, Bannan Hall 243  
Fax: 408-554-4367  
Or email to [mvirasak@scu.edu](mailto:mvirasak@scu.edu)

Records Use Only

\_\_\_\_\_ Entered into PeopleSoft

\_\_\_\_\_ Date