

**CHANGE OF LOCATION**  
**FOR SOCIAL WORK AND CRIMINAL JUSTICE UNDERGRADUATE STUDENTS ONLY**

Instructions: Please complete all information on the form and obtain ALL appropriate signatures. Once complete, return to the Registrar's Office for processing. Plan codes must be obtained from Department Chairpersons. Forms without plan codes will be returned to the department.

**Student Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Anticipated Graduation Term:  Fall  Spring  Summer

Anticipated Graduation Date (mm/yyyy): \_\_\_\_\_

CURRENT PROGRAM LOCATION: \_\_\_\_\_ PLAN: \_\_\_\_\_

DESIRED PROGRAM LOCATION (to be added): \_\_\_\_\_ PLAN: \_\_\_\_\_

NEW ADVISOR: \_\_\_\_\_

**CURRENT ADVISOR:**

Comments: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CHAIRPERSON of DEPARTMENT (for desired location):**

Comments: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CHAIRPERSON of DEPARTMENT (for current location):**

Comments: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Student's signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_