



SACRED HEART JUNIOR COLLEGE

Excellence, Innovation, Productivity

OFFICE OF THE REGISTRAR

EMAIL the REGISTRAR: laura@shjc.edu.bz, vicky@shjc.edu.bz

Or visit Our Website: <http://www.shc.edu.bz>

APPLICATION FOR PROGRAM CHANGE

Instructions: Please provide the information requested in print, and return the completed application to the Office of the Registrar.

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID
PREVIOUS PROGRAM YOU WERE ENROLLED IN		SPECIFY PROGRAM YOU ARE CHANGING TO	
SEMESTER (Check one) <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2 <input type="checkbox"/> Summer Academic Year 20__ - 20__			
DATE (DD/MM/YYYY)		APPROVED BY:	

Table to be completed by Office of Registrar or Head of Department

Course no.	Course(s) to be Transferred into New Program	Grade Obtained
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		

Previous Program Department Head's Approval:

Department Head Signature

New Program Department Head's Approval:

Department Head Signature

For Official Use:

Change has been made on Registrars Database

Date: _____

Updated By: _____

Student has received copy of form

Student Signature

Date Received

PROG_CHANGE:REV_AUG09