

change of program

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COLLEGE OF DESIGN ARCHITECTURE ART PLANNING

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NOTES & INSTRUCTIONS

Please continue any responses on
an additional sheet if needed.

Please return this form to:
Student Affairs, Room 5470 Aronoff

Students will be informed by
mail of the final decision.

I, _____ { _____ }

student name _____ ucid _____

☐ 1st yr ☐ 2nd yr ☐ 3rd yr ☐ 4th yr ☐ 5th yr

petition to change from _____

to _____ program name _____

_____ program name _____
for the following reason _____

☐ au qtr ☐ wi qtr ☐ sp qtr ☐ su qtr _____
quarter effective _____ academic year _____

address _____ city state zip _____

email _____ phone _____

student signature _____ date _____

Current Program School Administration Recommendation

Has the student discussed the change with you? ☐ yes ☐ no

Is petition made after careful consideration of factors? ☐ yes ☐ no

Comments if any _____

RECOMMENDED ACTION

☐ approved to transfer out of current program ☐ disapproved

school administration signature _____ date _____

Co-op Advisor Recommendation For sophomores and above in co-op program

Has the student discussed the change with you? ☐ yes ☐ no

Comments if any _____

co-op advisor signature _____ date _____

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COLLEGE OF
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ART
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New Program School Director/Program Coordinator Recommendation

Recommended Action

- ☐ *accepted*
☐ *denied*

student admitted into

- ☐ *1st yr* ☐ *2nd yr* ☐ *3rd yr* ☐ *4th yr* ☐ *5th yr*

term/quarter admitted into

- ☐ *au qtr* ☐ *wi qtr* ☐ *sp qtr* ☐ *su qtr* *year*

Comments if any

school director/program coordinator signature

date

Assistant Dean Recommendation

RECOMMENDED ACTION

- ☐ *accepted*
☐ *denied*

Comments if any

assistant dean signature

date