

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.

03 09

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

change of program

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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