University of Arkansas for Medical Sciences

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Change in Program of Study

This form may only be submitted with the signature of the College's Associate Dean. Not all colleges allow students to change programs of study without a formal admissions process. Please check with your college first about their individual policies and processes before initiating this form.

Student Name: _____ UAMS ID Number: _____

Current Program of Study:_____

New Program of Study: _____

New Academic Advisor (if known): _____

Expected Graduation Term and Year: _____ Catalog Year Followed: _____

Student Signature: _____ Date:_____

Program Director Signature: _____ Date:_____

Associate Dean Signature: _____ Date:_____