

Change of Program Form for Joint Undergraduate/Master's Program (JUMP)

To Be Completed	l by the Student an	d JUMP A	dvisor (Please Pr	int)			
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Last Name	First Name MI			Student A	Student A Number		
	ections; the first is th you are submitting fo		• •				
	counted towards bot the department/pro	_	_	_		ompleted	
Course Number	Course Title		Semester	Semester/Yr Sem. H			
	ounted towards both u	-	-	=	nplete	d by the	
student and the depa	artment/program JUMF	advisor (ivi	aximum is 12 not	<u>irs).</u>			
Course Number	Course Title			Semester	Semester/Yr		
JUMP Program Cl	hange Approvals:						
JUMP Advisor:							
JUMP Advisor:	Printed Name	/	Signature	/	Date		
Department Chair:							
	Printed Name	/	Signature	/	Date		
Dean, School of Graduate Studies					 Date		