



MADISON COLLEGE

Program/Degree Requirement Change Request

INSTRUCTIONS - Students may submit this form to request a change of program/degree requirements. Only program students are eligible and one of the following situations must apply; advisor approval and signature required.

Please check the situation that applies to you:

- Currently in a program under old requirements and wish to follow the current set of program requirements (no additional program application is necessary).
- Returning as an accepted re-applicant to the same program and wish to follow curriculum requirements from initial, previous acceptance to the program (does not replace an application for a discontinued student).

STUDENT INFORMATION

Name: First _____ Middle Initial _____ Last _____ Student ID _____

Mailing Address: Street _____ Apartment _____

City _____ State _____ Zip Code _____

PROGRAM REQUIREMENT CHANGE INFORMATION

Program of Study _____ New Requirement Term (e.g. Fall 2015) _____

Reason for program requirement change request:

STUDENT SIGNATURE & AGREEMENT

By signing, I acknowledge that I am electing to change requirements for my program of study and I understand that this request cannot be reversed once it is approved.

Student Signature _____ Date _____

STUDENT - Submit completed form in-person to your program advisor. Please allow up to 14 business days to process a Requirement Change Request. Requests are reviewed in order they are received. Check your Academic Requirements Report in your myMadisonCollege Student Center to confirm requirement change.

Questions? For further assistance visit the visit the Student Development Center, Truax - Rm. D1618 or call (608) 246-6076.

ADVISOR OR PROGRAM DIRECTOR SIGNATURE & APPROVAL

By signing, I certify that I have consulted with the above named student and approve his/her request to change program requirements.

Academic Advisor Name _____

Academic Advisor Signature _____ Date _____

OR

Program Director Name _____

Program Director Signature _____ Date _____

SUBMISSION INSTRUCTIONS - Advisor or Program Director

ADVISOR - Please submit signed, completed form by one of the following ways:

- Email (preferred):** intake@madisoncollege.edu
- In-Person:** Enrollment Center - Truax Campus, Rm. A1000
- Fax:** (608) 243-4353

Truax, Regional & Metro Campus Staff Only- Date stamp, initial and email to intake@madisoncollege.edu.

Date Received _____ Staff Initials _____