



GRADUATE & PROFESSIONAL ADMISSIONS CHANGE OF PROGRAM FORM

NAME: _____ APU ID#: _____
(Please print)

YOUR NEW DESIRED ACADEMIC PLAN _____ SUB PLAN (if applicable) _____

Note: Changing programs may affect your eligibility for financial aid. Please contact your financial aid counselor to verify your eligibility.

DESIRED START TERM _____ YOUR LOCATION _____
(Must meet application deadline) Azusa, High Desert, Inland Empire, Murrieta, Orange County, San Diego, Online, Los Angeles, or Monrovia

SIGNATURE _____ DATE: _____
Note: This form is not for students who want to change from one school to another (e.g., School of Education to School of Nursing). Students wanting to change schools must submit a new application.

Please return this form to:
Azusa Pacific University, Graduate & Professional Admissions P.O. Box 7000 Azusa, CA 91702
Email: gpadmissions@apu.edu
Once this document and all necessary items are received they will be sent to the department for review.

(For Graduate & Professional Admissions Office Use ONLY)

Current Academic Plan Code To Be Changed: _____

New tracking items needed:

- Autobiography
- Recommendations (Indicate one or both)
- Résumé/Experience Form
- Application Essay
- CBEST Registration
- CBEST Proof of Passage
- Certificate of Clearance
- Verification of Teaching Experience
- GRE
- GMAT
- CSET or Waiver
- Other _____

No additional documents are required

Program Representative: _____ Date: _____