UNIVERSITY OF GUAM
UNIBETSEDÅT GUAHAN

CHANGE IN PROGRAM CONTRACT REQUEST

STUDENT _____STUDENT ID#_____EMAIL:_____

Please make the following change(s) to the student's current Program Degree Requirements:

1. CHANGE IN CATALOG YEAR

From: _____

To: _____

2. COURSE(S) CHANGE

Drop: _____ Credit: _____
Add: _____ Credit: _____

Drop: _____ Credit: _____
Add: _____ Credit: _____

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Drop: _____ Credit: _____
Add: _____ Credit: _____

Drop: _____ Credit: _____
Add: _____ Credit: _____

FOR OFFICIAL USE

Action by the Program Chair
☐ Approved
☐ Disapproved

_____
Program Chair's Name & Signature   Date

Action by College Dean
☐ Approved
☐ Disapproved

_____
Dean's Name & Signature   Date

Action by the Registrar
☐ Approved
☐ Disapproved

_____
Registrar's Name & Signature   Date

02.21.18 esg

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