

# Lincoln University



## CHANGE OF PROGRAM

**NOTE:** A fee of \$70 applies to the second and further concentration change within the same program. The University administration will confirm the applicability of the fee\* in each case.

### PLEASE TYPE OR PRINT CLEARLY

#### 1. STUDENT INFORMATION

Student ID: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First Middle

E-mail: \_\_\_\_\_@lincolnucsf.edu Phone: (\_\_\_\_) \_\_\_\_\_

2. PROGRAM:  CERT-UT  BS  BA  MBA  DBA

#### 3. I am requesting Change of Concentration:

From: \_\_\_\_\_ To: \_\_\_\_\_ Semester / Year \_\_\_\_\_ / \_\_\_\_\_

I understand that the units I earned for my previous concentration may not be counted towards my degree completion. These units, however, will be counted as a criterion for my academic progress not exceeding the maximum of 54 units.

Student's Signature:/Print Name \_\_\_\_\_ Date: \_\_\_\_\_

**\*If the fee is required, please bring this form to the Accounting Office for the payment, and then bring the receipt and this form back to the Registrar's Office.**

### THE UNIVERSITY USE ONLY

#### Registrar's Office:

Units Attempted: \_\_\_\_\_ Units Earned: \_\_\_\_\_ GPA: \_\_\_\_\_

\$70 fee applies:  YES  NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved: Registrar / Registrar's Assistant

Date