Lincoln University

CHANGE OF PROGRAM



NOTE: A fee of \$70 applies to each change of program to a lower level, or the second and further program change at the same level. The University administration will confirm the applicability of the fee* in each case.

PLEASE TYPE OR PRINT CLEARLY

1. STUDENT INFORMATION

Ref:AO/COP

5	Student ID Number:	Name:			
			Last	First	Middle
E	E-mail:	@lincolnucasf.edu		Phone: ()	
2. (CHANGE OF PROGRAM**				
I	From:				
I	ntended Concentration:		Er	ntry Semester / Year:	/
Stud	ent'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 Admissions and Records Office. **International students requesting Change of Program are required to submit financial support documents issued no less than 6 months.					
THE UNIVERSITY USE ONLY					
Adm	issions and Records Office:				
Prog	ram Completed:	Date of Com	pletion:	GPA:	
\$70 f	fee applies: YES INO				
Reco	ommendation(s):				
A. () Regular Acceptance () Conditional Acceptance () Special Acceptance () Unclassified () Denied					
В. ()BS ()BA ()MBA () MS-FM () MS-IB	() DBA	()CERT-UT ()IAE	P () Other
	ments:				
Appr	oved: Director of Admissions & Reco	rds / Chief Academic Office	r / Admissions	S Officer Date	

401 Fifteenth Street, Oakland, California 94612 Telephone (510) 628-8010 Fax (510) 628-8012