

## **ACCELERATED BACHELOR'S DEGREE PROGRAM REMOVAL REQUEST**

Instructions: Undergraduate students who wish to remove themselves from an accelerated major and declare a new plan of study must complete this form. Please complete all information on the form and obtain the required signatures. Once complete, return to the Registrar's Office for processing.

**Student Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

*Please select the accelerated program you are currently pursuing.*

- ☐ Accelerated B.S. Criminal Justice
- ☐ Accelerated B.S. Criminal Justice – Philadelphia Campus
- ☐ Accelerated B.S. Health Science – Sports Medicine Studies Concentration
- ☐ Accelerated B.A. Mathematics
- ☐ Accelerated B.S. Mathematics – Computational Mathematics Concentration
- ☐ Accelerated B.S. Mathematics – Industrial Mathematics Concentration
- ☐ Accelerated B.S. Mathematics – Mathematics Concentration
- ☐ Accelerated B.S. Nutrition and Dietetics

**Please confirm that you wish to remove yourself from the accelerated major selected above.**

*(Please initial)*

Yes \_\_\_\_\_

**Desired Major:** \_\_\_\_\_

**Plan Code:** \_\_\_\_\_

**Chairperson of Desired Major:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please identify the student's new advisor (name & ID): \_\_\_\_\_

**Accelerated Program Coordinator:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Corresponding Graduate Program Coordinator:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Associate Dean of Graduate Studies:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Office Use Only**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_