



Program Declaration / Change / Extension Form

Student ID#	Student Name	Program Start Date:
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I wish to enroll in the following program:

<input type="checkbox"/> Master of Business Administration (MBA) With the following specialization(s): (Please check one) <input type="checkbox"/> Global Enterprise Management <input type="checkbox"/> Healthcare Administration <input type="checkbox"/> Healthcare Informatics <input type="checkbox"/> Project Management <input type="checkbox"/> Technology Management <input type="checkbox"/> I choose to enroll in the Applied Learning Option for this program. (This option requires approval of a CPT-I20 for international students).	<input type="checkbox"/> Master of Science in Computer Science (MSCS) With the following specialization(s): (Please check one) <input type="checkbox"/> Database Administration <input type="checkbox"/> Information Security <input type="checkbox"/> Project Management <input type="checkbox"/> Software Engineering <input type="checkbox"/> I choose to enroll in the Applied Learning Option for this program. (This option requires approval of a CPT-I20 for international students).	<input type="checkbox"/> Master of Science in Information Technology (MSIT) With the following specialization(s): (Please check one) <input type="checkbox"/> Database Administration <input type="checkbox"/> Java Programming <input type="checkbox"/> Healthcare Informatics <input type="checkbox"/> Information Security <input type="checkbox"/> Project Management <input type="checkbox"/> Technology Management <input type="checkbox"/> I choose to enroll in the Applied Learning Option for this program. (This option requires approval of a CPT-I20 for international students).
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Student Signature _____

Date _____

Academic Approval:

New Program of Study or Change to Current Program of Study

Program Extension Required: Expected Completion Date _____; Total # credits: _____

Return from Authorized Early Withdrawal Medical Specialization

Academic Dean _____

Date _____

Registrar's Office:

Program of Study Updated
 DB / SIS Updated

Registrar _____

Date _____

International Student Services:

SEVIS Record Updated

DSO _____

Date _____

Return Signed Form to Academic Dean for Student Record