

CHANGE OF PROGRAM FORM

Name: Degree Program and Concentration: Below check the box		Date of Birth: to indicate which program(s)/concentration(s) you want to be in		Student ID:		
Biology (Bachelor of Arts)		*Small Business Management (Bachelor of Science)		*Bachelor of College Studies		
No Concentration	No Concentration Fisheries Biology		*C IID : M // :/ (CC:)		Requires proposing a concentration (contact William.Otto@maine.edu)***	
Pre-Professional	Wildlife Biology	*Small Business Management (Associate of Science)		Education (Bachelor of Science)		
Liberal Studies (Associate of Arts)		Creative Arts (Bachelor of Art)		Elementary Education	Secondary Education	
Allied Health	++ Music	Creative Writing	Visual Arts	*Special Education	*Inclusive Early Childhood Edu.	
Aquaculture	*No Concentration	Environmental Geographical Information Science (B.S.)		Marine Biology (Bachelor of Science)		
Marine Biology	*Psychology	*Community Applications of GIS	*Spatial Information Science	No Concentration	Marine Ecology	
*Mental Health & Rehab	Visual Arts	Ecological Applications of GIS		Aquaculture	Coastal Conservation	
*Psychology & Comm	*Psychology & Community Studies (B.A.)		Outdoor Recreation and Leadership (Bachelor of Science)		Conservation Law & Outdoor Management (A.S.)	
Minor (Optional and recomme	ended if you are completing a	bachelors program): Below check	the box to indicate which minor(s) y	ou want to be in		
Botany	Chemistry	Coaching	Conservation Law	Creative Arts	*Economics	
English	Environmental Studies	*GIS Applications	*Graphic Novel	* History	Integrative Biology	
Marine Biology	*Mental Health & Rehab (MHRT/C)	Outdoor Recreation	*Psychology	*Public Administration	Quantitative Methods	
Secondary Education	*Small Business Mgt	*Social Studies	Wilderness Therapy	Zoology		
	ow check the box to indicate	which certificate(s) you want to b	e in			
* Advanced Geographic Info System	Digital Media Production	Book Arts	Elementary Ed Teach Cert**	*Geographic Info Systems	*HRM Cert	
*Mental Health & Rehab (MHRT/C)	*HS Psych Teacher Prep	Secondary Ed Teach Cert**	*Small Business Mgt	*Special Ed Teach Cert**	Wilderness Therapy	
*Service Learn/Comm Eng	(Micro-crediential)					
					fore they can enter this program	
Currently I plan to take cou	urses: Mostly on campu	is All on Campus Mostly	online All online (option only	available for programs marked with	*)	
Request New Advisor (req	uired if changing program	n):		Move to newer catalog (which catalog):		
If you need to drop a major, n	minor and/or concentration,	which one(s) are you dropping? _				
Student Signature:			Current Advisor Signature: *** BCS Program Requirements Term may be			
++ Not accepting new	students at this time	PLEASE RETURN CO	MPLETED FORM TO	TTT BCS Pr	ogram Kequirements Term may be	