SVSU COLLEGE OF EDUCATION TEACHER EDUCATION PROGRAM

UNDERGRADUATE PROGRAM CHANGE FORM

Name:	SVSU ID#:
SVSU E-Mail Address:	
☐ Please change my elementary min	or(s) to:
☐ Please add the Early Childhood m	inor to my academic program
☐ Please remove Early Childhood m	ninor from my academic program
☐ Please add Special Education to m	ny Elementary Education Program. My minor will be:
•	from my Elementary Education Program. My elementary
☐ Please change my Secondary Educ	cation Program major to:
☐ Please change my Secondary Educ	cation Program minor to:
☐ Please withdraw my admission from	om the Teacher Education Program and change my academic
major to	and my academic minor to:
<u> </u>	e teacher certification at a later date, I will be required to n to the program and possibly the university.
Signature:	Date:

Please remit this form the College of Education - Admissions and Certification Office