

Name: _____ Date: _____

Student ID: _____ Email: _____

Term of Entry at CTU: _____ Semester: _____ Year: _____

Please read:

You must have approval from the Office of Doctoral Studies to declare any change to your degree program. To enter into a new doctoral degree program, you must have the required prerequisites for admission.

Any changes to your degree program will result in the implementation of the most recent degree requirements to your curriculum (see current catalog). Changes may also result in the loss of previously awarded transfer credits and/or unused credits from Capitol that are not applicable to the new degree program chosen.

Please note: If you are receiving financial aid or receive VA benefits be sure to contact the Financial Aid Office immediately and/or the school certifying official (SCO). Your change of degree program may affect your benefits status.

Current Degree Program: _____

New Degree Program: _____

Student Signature: _____

Dean or Director of Doctoral Programs Signature: _____

Return this form to:

Capitol Technology University
Office of Registration & Records
11301 Springfield Road, Laurel, MD 20708
Tel: 301-369-2313
Email: registrar@captechu.edu

For office use only:

Current Degree: _____

Credits Earned: _____

CGPA: _____

Date: _____

Changed in Jenzabar: _____

Letter/tracking sheet sent: _____