

**COLUMBIA UNIVERSITY
SCHOOL OF SOCIAL WORK
ACADEMIC PROGRAM CHANGE FORM**

Change your program category by completing the information below. Forms should be returned to the Student Services Division, 1255 Amsterdam Ave. Room 530.

Name: _____
Print Last
Print First

CUID # (SSN): _____ Date: _____

Student Signature: _____

(I certify that I am responsible for course registration and understand that my enrollment is subject to the rules and provisions set forth in the statutes and announcements of the University. I also certify that I will inform the appropriate departments of any changes.)

Year of Study: (check one) 1st 2nd 3rd Other (please specify): _____

Field Instruction: (check one) T6010 T6020

Change Method to: (check one) Clinical/Direct Practice AGPP Policy Practice
Research

Select Minor: (check one) Law Business Policy Analysis
International Social Welfare No Minor

Dual Degree: (check one if applicable then check the Dual Degree program below) Add Drop
Note: If dropping Dual-Degree please attach a statement of course requirements to be met.

Select Dual Degree Program: Public Health Law Business Bank Street
JTS UTS SIPA Urban Planning

FOR OFFICIAL SIGNATURE ONLY

Program Coordinator Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Dean Signature (if necessary): _____ Date: _____

FOR STUDENT SERVICES USE ONLY

Date Received: _____ Date Completed: _____ Operator Initials: _____

Cc: __ Admissions Office, 1255 Amsterdam Ave. Room 514-H
 __ Field Instruction Office, 1255 Amsterdam Ave. Room 511
 __ Academic Advisor