



Soka University of America
Office of the Registrar

CHANGE IN PROGRAM FORM

Student Name: _____ SS# _____

I would like to revise the following area of my program:

- Major/Concentration: _____
- General Education

The following requirement(s) is/are waived:

_____	_____
_____	_____
_____	_____

The following substitution(s) is/are approved:

Substitution: _____ For: _____

Substitution: _____ For: _____

Substitution: _____ For: _____

NOTE: This form must be submitted to the Registrar's Office with all appropriate signatures.

Student Signature: _____ **Date:** ____/____/____

Advisor Signature: _____ **Date:** ____/____/____

Area Coordinator Signature: _____ **Date:** ____/____/____

Dean of Faculty Signature: _____ **Date:** ____/____/____