Change of Academic Level
Credential to Masters or Masters to Credential

Name: __________________________ ID#: __________________________
Campus: __________________________ Date: __________________________

- This form is used for currently admitted graduate students who wish to change their education program level from a Credential to Masters or Masters to Credential program.
- If the student is changing emphasis within a credential program (e.g. single subject to multiple subject), use the Change of Credential/MAT/SPED Program Form.
- Due to Financial Aid regulations, admission to the new program must be completed two weeks before the start of a new trimester. These changes MUST be processed two weeks prior to the start of the trimester. If the deadline cannot be met, the student will need to wait until the subsequent trimester.
- Students who have not enrolled in the first session of a trimester may request a change in Academic Level at least two weeks prior to the beginning of the second session of the trimester. These requests will be reviewed and approved on a case by case basis. The Offices of Admission and Financial Aid will determine final approval of the requested change.
- All admission requirements for the new program must be met.
- Student must submit this completed form to their Academic Advisor as well as submit a new application for admission. The Academic Advisor will sign the form and return it to the Office of Admission at:
  Brandman University, Office of Admission
  16355 Laguna Canyon Road, Irvine, CA 92618
  E-mail: apply@brandman.edu
  (913) 495-6235 ImageNow Fax

Change of Academic Program

☐ I would like to drop my CURRENT Academic Program: __________________________
and add the NEW Academic Program: __________________________

I plan to begin the new academic program: Trimester [___________] Year [___________]

I understand that this change may affect my catalog year and/or my financial aid award.

Student Signature: __________________________ Date: __________________________

Recommendation from Academic Advisor:

______________________________________________________________

Academic Advisor Name: __________________________
Signature: __________________________ Date: __________________________

Office Use Only:

Admission: __________________________ Credentials Office: __________________________