

# Unsatisfactory Academic progress Due To:

*Hours Attempted > 150% of Program Length, Certification program,  
Masters/Doctoral Programs, Double/Minor Majors, Major Program Change*

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Social Security Number*

## A. PROGRAM / MAJOR:

Current Program/Major: \_\_\_\_\_

Program Length: (Catalog Required Hours) \_\_\_\_\_

2<sup>nd</sup> Major/Program: \_\_\_\_\_

Program Length: (Catalog Required Hours) \_\_\_\_\_

Minor Major: \_\_\_\_\_

Program Length: (Catalog Required Hours) \_\_\_\_\_

## Total Number of Hours To Complete Both Majors/Programs

Double/Minor Majors (*Exclude Hours Common to Both*) \_\_\_\_\_

## B. Program Start Dates:

Current Program Start Date: \_\_\_\_\_

2<sup>nd</sup> Major Start Date: \_\_\_\_\_

Minor Major Start Date: \_\_\_\_\_

## C. Change of Program Dates:

Change of Major/Program: \_\_\_\_\_

Program Previous Program/Major: \_\_\_\_\_

Program Effective Date of Change of Major: \_\_\_\_\_

Number of Hours Accepted from Previous Major: \_\_\_\_\_

Date Previous Certification Program Completed: \_\_\_\_\_

\_\_\_\_\_  
*Name of Department Head*

\_\_\_\_\_  
*Department Head's Signature*      *Date*

OR

\_\_\_\_\_  
*Name of Dean*

\_\_\_\_\_  
*Dean's Signature*      *Date*