MARYMOUNT MANHATTAN COLLEGE PROGRAM CHANGE [Subject to Tuition Liability and Program Change Processing Fee]

PC FORM

Name						MMC Student #:						
Las	st	First			Middle							
EAR: _		_ []	Fall	[] January	[] Spring	g []Sun	nmer I	[] Sur	mmer II			
		Student Acknowledgement Statement: I understand that my financial aid for this or future semesters may be affected by a reduction of my original credit hours.										
		STUDENT'	S SIGNATU	RE	/ DATE	-						
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ADD	DEPT	COURSE#	SECTION	TITLE			CREDIT	Days	Hours	Lab/Rec/Fees	Comments(Conflict/OT- Div/Dept Approvals)	
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						CSS Representative				 :	 Date	