



Admissions, Registration, and Records Office  
919-536-7200, ext. 1800

## Request to Change Academic Start Term

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Current Program \_\_\_\_\_ Current Start Term \_\_\_\_\_

Desired Start Term \_\_\_\_\_

Reason for Change \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_