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Change of Degree Request Form

Date: _____

Student Name: _____
First Name Last Name Middle Initial

Student I.D. _____ Student UoNA Email: _____

Current Degree Program: _____

New Degree Program: _____

*Please Note: All requests must be approved and signed by the academic department.

Student Signature: _____ Date: _____
(Signature)

(Signature)

Academic Dept: _____ Date: _____

SEVIS updated Initial: _____ Date: _____

SIS updated Initial: _____ Date: _____

