



Program Evaluation Update Form

Student Information

First Name		Last Name	
Student ID Number		Campus	
Program of Study		Month and Year of Graduation	
Email Address		Phone Number	
Current Street Address	City	State	Zip Code

Instructions

Please use the Program Evaluation Update Form to request updates to your Program Evaluation. Once completed, return this form to the Registrar's Office for review. Final approval will be communicated to the student via MCPHS email by the Registrar's Office.

Month and Year of Graduation Change*

Current Month and Year of Graduation		New Month and Year of Graduation & Reason for Request
	Change To	

***Dean Signature** (Required for students in an accelerated or PharmD program)

Signature		Date	
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Catalog Year Change

Current Catalog Year		New Catalog Year
	Change To	

Request to Remove Minor

Please remove the _____ minor from my academic record.

Course/Requirement Update Request

Semester*	Course Number/Title		Requirement on Program Evaluation & Reason for Request
<i>Example</i> Fall 2018	<i>Example</i> HUM.291 Introduction to Film	Apply To	<i>Example</i> Please apply HUM.291 toward my Humanities Elective requirement. HUM.291 currently shows on my program evaluation as General Elective credit.
		Apply To	
		Apply To	
		Apply To	
		Apply To	
		Apply To	

*Note: for transfer credit, please list "TRAN" as the semester.

Student Signature (Required)

Signature		Date	
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Please return this form to:

Boston: MCPHS University, Registrar's Office, 179 Longwood Avenue, Boston, MA 02115

Worcester: MCPHS University, Registrar's Office, 19 Foster Street, Worcester, MA 01608

Fax: 617-735-1050

Email: Registraroffice@mcphs.edu