



## CHANGE TO PROGRAM SCHEDULE REQUEST

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for change:

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### Requested Changes

1. Class/Lab: \_\_\_\_\_

Current Class/Lab Date: \_\_\_\_\_

Requested Class/Lab Date: \_\_\_\_\_

2. Class/Lab: \_\_\_\_\_

Current Class/Lab Date: \_\_\_\_\_

Requested Class/Lab Date: \_\_\_\_\_

3. Class/Lab: \_\_\_\_\_

Current Class/Lab Date: \_\_\_\_\_

Requested Class/Lab Date: \_\_\_\_\_

4. Class/Lab: \_\_\_\_\_

Current Class/Lab Date: \_\_\_\_\_

Requested Class/Lab Date: \_\_\_\_\_

5. Class/Lab: \_\_\_\_\_

Current Class/Lab Date: \_\_\_\_\_

Requested Class/Lab Date: \_\_\_\_\_

6. Class/Lab: \_\_\_\_\_

Current Class/Lab Date: \_\_\_\_\_

Requested Class/Lab Date: \_\_\_\_\_

7. Class/Lab: \_\_\_\_\_

Current Class/Lab Date: \_\_\_\_\_

Requested Class/Lab Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

SUBMIT THIS FORM TO THE ACADEMIC ADVISING OFFICE: Form can be submitted in person at the office or by email to [academicadvisor@naturopathicinstitute.org](mailto:academicadvisor@naturopathicinstitute.org).



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OFFICE USE ONLY

ACADEMIC ADVISING TEAM

Received by: \_\_\_\_\_ Concur/Nonconcur: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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Submit to the Director of Education

DIRECTOR OF EDUCATION

Approved/Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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Return to the Academic Advising Team

ACADEMIC ADVISING TEAM

Notify Student and remind them to update their lodging request (if required).

Update Dashboard and Class Rosters as required.