



International Reformed University & Seminary

125 S. Vermont Ave. L.A., CA 90004
Tel (213)381-0081, Fax (213)381-0010
www.irus.edu office@irus.edu

CHANGE OF PROGRAM FORM

The following information must be completed by the student.

Student Name	(English)	(Korean)	
Student ID		Data of Birth	
Email			
Tel #			

Instructions:

- 1) Student: Complete the appropriate blank section and bring this form to your current department.
- 2) Program Change Fee: \$50
- 3) Registrar notifies student of approved action taken.

Change to Program of Study

- 1) From: Current Degree/Major _____
- 2) To: New Degree /Major _____
- 3) New Program Start Date(circle start semester): Spring/ Fall 20_____

Student Signature Date

The following information must be completed by the IRUS

Signature of Academic Dean Date

Signature of Student Dean / DSO Date

Signature of Business Manager Date