

# NORTH·SHORE COMMUNITY COLLEGE

One Ferncroft Road, P.O. Box 3340 Danvers, Massachusetts 01923-0840 (978) 762-4000 / (781) 593-6722

## CHANGE OF PROGRAM FORM

In order for the College to process your request for a change of program, all required items must be completed. Incomplete or missing information will delay processing. The College highly recommends that you seek the advice of your academic advisor or the Student Support Center if you have any questions about your career choices. Students may change program once per semester.

**(PLEASE PRINT) YOUR COPY WILL BE MAILED TO YOU.**

DATE OF REQUEST \_\_\_\_\_

1. NAME \_\_\_\_\_  
LAST FIRST MIDDLE

SIGNATURE \_\_\_\_\_ Student ID \_\_\_\_\_

2. FORMER NAME (if applicable) \_\_\_\_\_

3. EMAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_

4. ADDRESS \_\_\_\_\_  
STREET APT #

CITY STATE ZIP

5. PHONE ( ) \_\_\_\_\_ 6. DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

7. CURRENT PROGRAM \_\_\_\_\_ 8. PROGRAM REQUESTED \_\_\_\_\_

9. SEMESTER YOU WISH TO ENTER NEW PROGRAM (CHECK ONE) FALL 20\_\_ SPRING 20\_\_

10. ADVISER NAME (if applicable\*) \_\_\_\_\_

\*Please include if an adviser was consulted in making this decision.

### OFFICE USE ONLY

#### ADMISSIONS DECISION:

ADMITTED TO PROGRAM REQUESTED \_\_\_\_\_

ADMITTED TO ALTERNATIVE PROGRAM – SPECIFY \_\_\_\_\_

NO CHANGE IN PROGRAM – EXPLANATION \_\_\_\_\_

ENROLLMENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_