

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 _____