



Program of Study Change Request

Student Name (please print): _____

Primary Phone: _____

Email: _____

Student ID Number: _____ Date of Birth: _____

I am requesting to change my program of study. Please update my program to (select one):

- Associate in Arts
- Associate in Science
- Associate in General Studies
- Associate in Applied Science _____
- Certificate in _____
- Skill Set in _____
- Concentration in _____

Catalog Year: _____

Please add an additional program of study to my current program: _____

Please remove this program of study from my account: _____

- I have met with my Student Success Navigator and understand that changing my program of study may impact the courses I have planned to take. I will work with my Student Success Navigator to update my academic plan accordingly.
- I understand that I may have completed courses that do not apply to my updated program of study.
- I understand that if I am a veteran, I will need to speak with my Veteran's Resource Representative before I change my program of study.
- I understand that changing my program of study may affect my transfer plans. I have spoken with my intended transfer institution about this change.
- I request this change to be effective as of the listed term: _____

Student Signature: _____ Date: _____

I have consulted with this student and approve the program of study change.

Student Success Navigator (required): _____

Office of the Registrar use only: Date received: _____ Date processed: _____ Effective term date: _____ Processed by: _____
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Notes:
