

Program of Study Change Request

Studen	nt Name (please print):	
Primar	ry Phone:	-
Student ID Number:		
0	Associate in Arts	
0	Associate in General Studies	
0	Associate in Science	
0	Associate in Applied Science	
0	Certificate in	
	Catalog Year: Ef	fective Term:
Please add this additional program of study to my account:		
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 Veterans 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. 		
Student Signature:		
Student Success Navigator Signature (required):		

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