



Intent to Add or Change Program

Date

Name (Last, First Middle)

Student ID #

Phone Number

Address

City

State

Zip

Current Program Data

Current Program: _____ Catalog Year: _____

Withdrawing from above program _____
Date

Anticipate completing above program on _____
Date

Signature of Current Faculty Advisor or Admission Counselor

Date

Student Signature (Required)

Date

New Program Data

Requesting Enrollment in New Program _____ AA AS AAS
ATC ITC BTC

Select the term and year you will be starting new program: Fall Spring Summer Year _____

New Faculty Advisor: _____

Office Use Only

Notification email of change sent to Student, Registrar, New Advisor, B.O., Financial Aid, and V.A. Date: _____

The following individuals must sign for form to be complete

New Admission Counselor _____ Date _____

Financial Aid Coordinator _____ Date _____

VA Coordinator _____ Date _____

Registrar _____ Date _____

Original in student file

GRADE VERIFY TRANSCRIPT SACP STAD