



Intent to Add or Change Program

208.524.3000 ext. 4 phone – 208.525.7026 fax

1600 S 25th E – Idaho Falls, ID 83404 – www.cei.edu

Student Information

Date _____ Student ID# _____

Name _____ Phone _____

Address _____

Current Program

Program and Degree _____ Catalog Year _____

Term Withdrawing _____ Term Graduating _____

New Program

Program and Degree _____ Year and Term _____

New Faculty Advisor _____

Required Signatures

Current FA or AA _____ Date _____

Student Signature _____ Date _____

Office Use Only

Notification email to Student, Registrar, New Advisor,
BO, FA, and VA _____ Date _____

Signatures

The following individuals must sign for the form to be complete

New Academic Advisor _____ Date _____

Financial Aid _____ Date _____

VA Coordinator _____ Date _____

Registrar _____ Date _____

Verified
 SACP STAD STAC