



Change of Program Form

Student ID: _____ **Name:** _____
Last First Middle

Current Degree (check one): Certificate of Applied Science _____ Associate of Applied Science _____
 Associate of Science _____ Associate of Arts _____

Program (example: Office Tech, Welding Tech) _____

Concentration (example: Webmaster, Office Tech Specialist) _____

Current Advisor: _____

New Degree (check one): Certificate of Applied Science _____ Associate of Applied Science _____
 Associate of Science _____ Associate of Arts _____

Program (example: Office Tech, Welding Tech) _____

Concentration (example: Webmaster, Office Tech Specialist) _____

Requested Advisor: _____

Transfer Students

If you have transcripts on file from another institution please initial to indicate you need your transfer credits reevaluated for your new program. Initial _____

GI Bill Recipients

If you are receiving GI Bill assistance, changing your program may affect your eligibility. You are responsible to know your eligibility requirements before changing. Please initial to indicate you have read and understood the above statement. Initial _____

Program changes will be effective during the current semester only if submitted in the first 15 days of instruction, otherwise they will be effective the following semester.

Student Signature _____ **Date** _____

For Office Use Only	
Date Posted:	SGAADVR Advisor Change:
Initials:	
Admissions Evaluator signature (if checked): _____	
Date copy sent to GI Bill Evaluator (if checked): _____	