

Program and Interest Change Form

For selective admissions please see the department for the application

Student's Name: _____ ID Number: _____

Current Program: _____ Phone : _____

Current Interest Area: _____

Please check the box if you are graduating this semester

CHANGE OF PROGRAM

Program changes go into effect the first two weeks of the upcoming semester. Students wishing to change their program must meet with a Financial Aid Officer prior to submitting this form to the Registrar's Office.

I am requesting a program change to: _____

starting(semester + year): _____

I have been counseled by a Financial Aid Counselor regarding my aggregate limits and financial aid eligibility.

Student Signature: _____ Date: _____

Financial Aid Signature: _____ Date: _____

*Academic Progress Coordinator Signature: _____ Date: _____

Registrar's Office Signature: _____ Date: _____

*Students on academic warning/probation must meet with the Academic Progress Coordinator prior to submitting this form to the Registrar's Office.

CHANGE OF INTEREST

(Only for Associate in Science in General Studies)

I am requesting a change of interest to: _____

starting: (semester + year): _____

Student Signature: _____ Date: _____

Registrar Signature: _____ Date: _____