



**PROGRAM AND INTEREST CHANGE FORM**  
OFFICE OF THE REGISTRAR

For selective admissions please see the department for the application

**Please Complete All Information**

**Student Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**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 \_\_\_\_\_  
(new program)

starting \_\_\_\_\_.  
(Semester & year)

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

Student Signature: \_\_\_\_\_

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 \_\_\_\_\_  
(new interest area)

starting \_\_\_\_\_.  
(Semester & year)

Student Signature \_\_\_\_\_ Registrar Signature: \_\_\_\_\_