

CHANGE OF PROGRAM

STUDENT INFORMATION

Name:			
Student ID:		Date of Birth:	____/____/____

IMPORTANT NOTES

- Always consult with your advisor before making changes to your academic program(s).
- To graduate from a program at the end of the current term, you must be actively enrolled in that program.
- After a term begins, ALL program changes for that term MUST be submitted by the end of that term's schedule adjustment period (also known as the drop/add period).
- **Current-term program changes will not be accepted after the schedule adjustment period.**

PROGRAM WITHDRAWAL Indicate which program(s) you no longer wish to pursue.

Program(s): _____
<input type="checkbox"/> Check this box to withdraw from ALL currently active programs.

PROGRAM ADDITION Indicate which program(s) you would like to add.

Program: _____	Effective Term: Fall ____ Spring ____ Summer ____
<input type="checkbox"/> AA or AAS Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate	
Program: _____	Effective Term: Fall ____ Spring ____ Summer ____
<input type="checkbox"/> AA or AAS Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate	

GAINFUL EMPLOYMENT DISCLOSURE

You can skip this section unless you are adding any of the following **diploma** or **certificate** programs:

- Air Conditioning, Heating & Refrigeration Technology
- Cosmetology • Nurse Aide • Therapeutic Massage
- Therapeutic & Diagnostic Services - Emergency Medical Science
- Therapeutic & Diagnostic Services - Medical Assisting
- Therapeutic & Diagnostic Services - Nurse Aide
- Therapeutic & Diagnostic Services - Phlebotomy
- Therapeutic & Diagnostic Services - Therapeutic Massage

Has your advisor taken you to the program website and informed you of the Gainful Employment disclosures?

Yes No

Student Initials: _____

STUDENT SIGNATURE

Signature: _____	Date: ____/____/____
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For Office Use Only:

SHAP: AP – PR – AD: _____ AP – PR – AD: _____ AP – PR – AD: _____

New Advisor(s): _____ PERC Checked:

Date Processed: ____ / ____ / ____ Initials: _____