



PROGRAM/ADVISOR CHANGE FORM

NAME: _____ CURRENT SEMESTER: Fall Spring Summer 20____
(Circle current semester)

STUDENT ID#: @ _____ Date of Birth: _____

ADDRESS: _____

TELEPHONE: () _____ Day () _____ Evening

STUDENT SIGNATURE _____

DATE _____

Are you receiving VA benefits? YES _____ NO _____

I would like to request the following change or changes:

- ___ Change of Program complete **Section one**
- ___ Request for Second Program complete **Section two**
- ___ Advisor Change complete **Section three**
- ___ Non-Degree to Degree complete **Section four** *on reverse side*

SECTION ONE - Program Change Request

Current Program _____ Degree ___ Cert

I request a change to _____ Degree ___ Cert

Program Option or Advising Track _____ (i.e.: Nursing, Transfer, etc.)

Reason for Change: ___ Career/Interest Change
 ___ Graduation - Date of Anticipated Graduation _____
 ___ Other (specify) _____

SECTION TWO - Request for Second Program

My current Program is _____ Degree ___ Cert

In addition I want to pursue _____ Degree ___ Cert

Program Option or Advising Track _____ (i.e.: Nursing, Transfer, etc.)

SECTION THREE - Advisor Change Request

Current Advisor

New Advisor Requested / Assigned

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SECTION FOUR – Non-Degree to Degree Change

Name: _____ Current Semester: Fall Spring Summer 20__

Student ID#: @ _____ Date of Birth: _____

Student Instructions

If you are undecided about which degree/certificate program to designate you should meet with a counselor prior to submitting this form.

All students must meet the following requirements to be placed in a degree or certificate program:

1. Submit proof of high school completion.
2. Submit proof of immunization for measles (two doses) and Rubella (German measles – one dose). You are exempt from this requirement if you graduated from a CT public or private high school after 1998 or if you were born prior to 1957. Immunizations received prior to 1969 are not acceptable.
3. Take the Accuplacer computerized placement test. If you have earned college level credits in English and math, you may be waived from this requirement when you provide unofficial or official transcripts from prior college(s). If you have questions regarding this, please speak with an advisor.

If you have questions regarding the above requirements, please call the Admissions Office at 383-5260, option 2 or 3. **NOTE: Your degree status will not change until all of the above requirements have been met.**

Program Requested _____ Degree ___ Cert
Program Option or Advising Track _____ (i.e.; Pre-nursing, transfer, etc.)

Signature: _____ Date: _____

Office Use Only

- | | | | |
|---|-------------|---------|---------------------------------|
| 1. Evidence of high school completion confirmed | ___yes | ___no | |
| 2. Computerized Placement Test confirmed | ___yes | ___no | ___waived |
| 3. Evidence of immunization confirmed | ___yes | ___no | ___2 nd dose missing |
| 4. Change entered on BANNER | ___initials | ___date | |
| 5. Advisor Assignment | _____ | _____ | _____ |
| 6. Advisor Entered on BANNER | ___initials | ___date | |