

NAME: \_\_\_\_\_ CURRENT SEMESTER: Fall Spring Summer 20\_\_\_\_  
(Please circle current semester)

STUDENT ID#: @ \_\_\_\_\_ Date of Birth: (required) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_ Day ( ) \_\_\_\_\_ Evening

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**TODAY'S DATE**

**Are you receiving Veterans benefits? YES \_\_\_\_\_ NO \_\_\_\_\_**

I would like to request the following change or changes:

- |   |                               |
|---|-------------------------------|
| <input type="checkbox"/> Change of Program          | complete <b>Section one</b>   |
| <input type="checkbox"/> Request for Second Program | complete <b>Section two</b>   |
| <input type="checkbox"/> Advisor Change             | complete <b>Section three</b> |

**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