PROGRAM/ADVISOR CHANGE FORM
(Please return to the Welcome Center, A-113)

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 ____________________

Have you applied for Veterans benefits?  YES _____  NO _____

SECTION ONE - Program Change Request

Current Program __________________________________________  ___ Degree ___ Cert

I request a change to________________________________________  ___ Degree ___ Cert

Area of Interest for General Studies or Liberal Arts & Sciences only  (CIRCLE ONE AREA BELOW)
(Anthropology, Biology, Chemistry, Communication/Media, English, Foreign Language, Forensic Science, History, Math, Philosophy, Political Science, Psychology, Sociology, Allied Health, Dental Hygiene (Gen. Studies), Pre-Nursing (Gen. Studies), Women’s Studies, Undecided)

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

SECTION THREE - Advisor Change Request

______________________________  _______________________________
Current Advisor  New Advisor Requested / Assigned

Rev 2/11/2016 MH