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  ___ 2nd dose missing
4. Change entered on BANNER _______ initials _______ date
5. Advisor Assignment _________________________________________________
6. Advisor Entered on BANNER _______ initials _______ date

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