



Student Identification Number ____ - ____ - ____		CHANGE OF PROGRAM FORM <i>Please type or print with a ballpoint pen. Receipt of this form by the college does not guarantee course availability.</i>	
Last Name	First Name	Middle Initial	Previous Last Name(s)
Address Number and Street		Apt. No.	
City, State and ZIP Code		Day Telephone No. ()	Evening Telephone No. ()
Current Program:			
NEW Educational Program: Write program name and check whether it is a Degree, Certificate of Completion, or Certificate of Proficiency <input type="checkbox"/> Degree <input type="checkbox"/> Certificate of Completion <input type="checkbox"/> Certificate of Proficiency Program Name: _____			
Check the quarter you would like this change to take effect: (Check one box.) Year _____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Have you previously been awarded transfer credit? <input type="checkbox"/> Yes If yes, when? _____ <input type="checkbox"/> No Would like your previous college coursework be re-evaluated towards your new degree? Only check this item if the Academic Core or prerequisite requirements differ from your previous program. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently receiving financial aid? If so, it is recommended you check with the Financial Aid Office before you change your program to see if this will change your financial aid or scholarship eligibility.			

- Before changing your program you are advised to:**
1. Talk with your new program faculty advisor or a counselor/advisor in W207.
 2. Talk with your current instructor or faculty advisor about the best time to change so you don't lose credits.
 3. Check to see if changing your program effects the Academic Core/Prerequisite courses you must take.
 4. See how changing your program affects the number of credits you need to graduate.
 5. Contact Financial Aid to see how this change effects eligibility.
 6. Determine the effect this change has on your career/job choices.

Please change my program as indicated. I understand how changing my program will impact me in the ways listed above.

Student Signature: _____ Today's date: _____

SHADED AREA FOR OFFICE USE ONLY	APPROVED	DATE	UPDATE: SM20001, SD5031, SM7001	INITIALS:
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