



Office Use Only	
Initial	
	Advisor / Program Faculty
	Admissions
	Financial Aid
	Registrar
	Business Office
	Registrar

PROGRAM / DEGREE / CERTIFICATE CHANGE FORM

YOUR SIGNATURE AND PHOTO ID ARE REQUIRED TO MAKE ANY CHANGES TO YOUR STUDENT INFORMATION

NAME _____ STUDENT ID _____

Program / Degree / Certificate Change

Current Program _____

Certificate _____ AAS Degree _____

Most recent semester enrolled _____

New Program _____

Certificate _____ AAS Degree _____

Desired term for change to be effective (select one) ___ Fall ___ Spring ___ Summer Year _____

Comments: _____

By my signature below, I acknowledge that I understand the academic and financial aid implications of the change I am requesting.

Student signature _____ Date _____

Business Administration – Concentration / Change of Concentration

Program – Business Administration

Concentration (select one) ___ Accounting ___ Administrative ___ Medical Office

New Concentration (select one) ___ Accounting ___ Administrative ___ Medical Office

Desired term for change to be effective (select one) ___ Fall ___ Spring ___ Summer Year _____

Comments: _____

By my signature below, I acknowledge that I understand the academic and financial aid implications of the change I am requesting.

Student signature _____ Date _____