

CHANGE OF PROGRAM FORM



Section 1: Student please PRINT clearly in blue or black ink

Full Legal Name: _____ Titan ID#: _____
Current Program: _____ Program Code: _____ Certificate ___ Diploma ___ Degree
New Program: _____ Program Code: _____ Certificate ___ Diploma ___ Degree
Effective Term: Fall _____ Spring _____ Summer _____ Year: _____
Student's Signature: _____ Today's Date: _____

Section 2: Career Evaluator Please Print clearly - Kirkland Bldg. Suite 127 - Current Program

(Review SOATEST/ SHACRSE): New program scores or courses met? Yes ___ No _____
Required Provisional Course(s) (circle): READ 0090 MATH 0090 ENGL 0090 Admit Type: _____
Other admissions requirements needed: _____
Mandatory Program Orientation Required: Yes ___ No ___
Staff's Signature _____ Today's Date: _____
Staff's Name Please Print _____

Section 3: Current Program of Study

Current Advisor/Program Chair Name: _____ Location: _____
Number of classes to complete Current program: _____
Faculty Name PRINT: _____ Signature: _____ Today's Date: _____

Section 4: Prospective/New Program of Study (Register the student TODAY or attach ATC Schedule form of suggested classes)

New Advisor/Program Chair Name _____ Location _____
Faculty Name PRINT: _____ Signature: _____ Today's Date: _____

Section 5: Financial Aid Office Kirkland Bldg. Suite 159

1. Will the Financial Aid award be affected by making this change? Yes ___ No ___
2. If 'Yes', please indicate how FA it will be affected: _____
3. Are you a U. S. Veteran receiving VA education benefits? Yes ___ (See Financial Aid VA Rep.)
No ___ (VA signature not required)
4. The student has been advised regarding how this proposed Change of Program will impact his/her current Financial Aid (FA) award.
5. Financial Aid Staff Signature: _____ Today's Date: _____
6. Certifying VA Representative's Signature: _____ Today's Date: _____

Section 6: Registrar's Office - Kirkland Bldg. Suite 159

1. Student has all required signatures to process this form. Yes ___ No ___
 2. Program Code (SFAREGS) and a Faculty Advisor (SGAADVR) have been changed. Yes ___ No ___
 3. If schedule form was attached per Section 4 under Advisement, were classes keyed: Yes ___ No ___
 4. Student received Registration Packet: Yes ___ No ___
 5. Registrar's Office Staff Signature: _____ Date Processed: _____
- Registrar's Office Staff PRINT: _____

(Please refer to the Student Calendar for the last day to apply for change of major. Dates are listed for each term)