



Degree of Study Change Request

First Name	Middle Initial	Last Name	Student ID #
Street Address		City and State	Zip Code
Phone	Alternate Phone		Date

Action:
(check one)

Add Change to

- Associate in Science (Transfer Degree) Area of Study: _____
- Associate in Arts (Transfer Degree) Area of Study: _____
- Associate in Applied Science Area of Study: _____
- Associate in Engineering Science (Transfer Degree):
- Associate in General Studies
- Non-Degree Seeking/Visiting Student

<input type="checkbox"/> Change Catalog of Record:
<i>The catalog of record is the catalog that was in effect at the time you chose your program of study. You will follow the academic requirements in this catalog for graduation purposes. If you are unsure of your catalog of record, please see your academic advisor.</i>
Advisor Signature: _____ Date: _____
Advisor signature is required to change Catalog of Record

Educational Objective

- Transferring to a four-year college Improving skills for present job For personal interest
- Preparing for a future job Preparing for GED Unknown/Other

Student Signature: _____
By signing this form, the student acknowledges the potential impact to Financial Aid and Graduation

This degree change will be made effective for the **current** term until the midpoint of the semester. After the midpoint of the semester, the degree change will be effective the following semester. Please see the Enrollment Services Office if you have questions regarding the **affect this change may have on your financial aid disbursement.**

If you are a current high school student, please indicate your graduation year: _____