



# Degree of Study Change Request

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

**Action:***(check one)*

Delete   Add   Change to

Associate in Engineering Science  
(Transfer Degree)Associate in Science  
(Transfer Degree)

Program of Study: \_\_\_\_\_

Associate in Art  
(Transfer Degree):

Program of Study: \_\_\_\_\_

Associate in Applied Science

Program of Study: \_\_\_\_\_

Visiting Student/personal development

Associate in General Studies

Program of Study:  Pre-\_\_\_\_\_ General**Change Catalog of Record:***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.***Advisor Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**Advisor signature is required to change Catalog of Record****Educational Objective**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Transferring to a four-year college | <input type="checkbox"/> Improving skills for present job | <input type="checkbox"/> For personal interest |
| <input type="checkbox"/> Preparing for a future job          | <input type="checkbox"/> Preparing for GED                | <input type="checkbox"/> Unknown/Other         |

**Student Signature:** \_\_\_\_\_**By signing this form, the student acknowledges the potential impact to Financial Aid and Graduation.****\*By typing your name above, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form.**This degree change will be made effective for the **current** term until the semester census date. After the census the degree change will be effective the following semester. If you need to change after the deadline please see the Registrar. 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:** \_\_\_\_\_**Semester** \_\_\_\_\_ **Year** \_\_\_\_\_ **you plan to attend ICC.**