



Certificate of Study Change Request

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

Effective Semester _____ Year _____

This certificate change will be made effective for the **current** term until the semester add/drop date. After the add/drop date, the certificate change will be effective the following semester. If you need to **change for the current term after the deadline**, please submit this form to the Registrar's office explaining why. Please see the Enrollment Services Office if you have questions regarding the **affect this change may have on your financial aid disbursement. Reminder: you still need to apply for graduation.**

Action: (check one)

Delete	Add	
<input type="checkbox"/>	<input type="checkbox"/>	Certificate Name: _____
<input type="checkbox"/>	<input type="checkbox"/>	Certificate Name: _____
<input type="checkbox"/>	<input type="checkbox"/>	Certificate Name: _____
<input type="checkbox"/>	<input type="checkbox"/>	Certificate Name: _____
<input type="checkbox"/>	<input type="checkbox"/>	Certificate Name: _____

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

Are you currently enrolled in Early College? YES NO

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

Student Signature: _____

***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. The student acknowledges the potential impact to Financial Aid and Graduation.**