



Degree 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 degree change will be made effective for the **current** term until the semester add/drop date. After the add/drop date, the degree 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 | Change to | |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate in Engineering Science (Transfer Degree) |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate in Science (Transfer Degree) Program of Study: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate in Art (Transfer Degree) Program of Study: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate in Applied Science Program of Study: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate in General Studies Program of Study: Pre- _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Visiting Student/Personal Development |

If you have already received a degree from ICC, you will also be required to meet with an advisor due to additional requirements.

Advisor Signature: _____ Date: _____

Advisor Signature is required only if you you've a previous degree.

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 |

Are you currently enrolled in Early College? YES NO

If you currently a 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.**