

Change of Program Form

PLEASE PRINT.

4500 Steilacoom Boulevard SW • Lakewood WA 98499

STEP 1: GO TO ADVISING & COUNSELING

Before changing your program, you are required to meet with Advising & Counseling in Building 17 to obtain an Education Plan for your new program. You will not be allowed to register in your new program classes until you have met with an Advisor. You will be required to show your new Education Plan upon submission of this form at Enrollment Services.

STEP 2: SUBMIT FORM TO ENROLLMENT SERVICES OFFICE

STUDENT ID NUMBER		LAST NAME		FIRST NAME		MIDDLE		PREVIOUS LAST NAME	
CURRENT MAILING ADDRESS (STREET or P.O. BOX)						EMAIL ADDRESS			
CITY		STATE		ZIP CODE		TELEPHONE CONTACT NUMBERS DAY		EVENING MOBILE	

PROGRAM INFORMATION

CURRENT PROGRAM NAME		AWARD TYPE: <input type="checkbox"/> AAT <input type="checkbox"/> AAS-T <input type="checkbox"/> Certificate		HAVE YOU STARTED THIS PROGRAM? <input type="checkbox"/> NO <input type="checkbox"/> YES	
★ NEW PROGRAM NAME		AWARD TYPE: <input type="checkbox"/> AAT <input type="checkbox"/> AAS-T <input type="checkbox"/> Certificate			

OFFICIAL USE:	NEW PROGRAM CODE / TITLE / INSTRUCTOR
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Check the quarter you would like this change to take effect: <i>(check one box, quarter dates are approximate)</i> <input type="checkbox"/> Fall (September – December) <input type="checkbox"/> Winter (January – March) <input type="checkbox"/> Spring (April – June) Year _____ <input type="checkbox"/> Summer (July – August)		Have you previously been awarded transfer of credit? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when? Would you like previous college coursework to be re-evaluated towards your new degree/certificate? Only check this item if Academic Core or prerequisite requirements differ from your previous program. <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(forward copy to Credentials Evaluator)</i>	
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Are you currently receiving financial aid or another funding source?
It is recommended you check with the Financial Aid Office before you change your program to find out if changing your program will affect your financial aid or scholarship eligibility.

No Yes *(forward copy to FAO)*

By signing this document, you acknowledge that you have read and understood this form in its entirety.

STUDENT SIGNATURE: _____

DATE: _____

SHADED AREA FOR OFFICIAL USE ONLY	PROCESSED BY:	PROCESSED DATE:	UPDATE: SM2001, SM7001, SM5003	ATTACH PREVIOUS ADMISSION FORM(S) IF AVAILABLE	NOTES:
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