

CHANGE OF PROGRAM / PLAN

PROGRAM MAP		ctcLink ID # *		Previous SID # (if applicable)		*Required	
<p>A Program Map (education plan) for your new program/plan is required. If you do not have one, you may still submit your change request; however, a registration block may be placed on your account until you obtain one.</p> <p>Obtain your Program Map from Advising & Counseling or Entry Services (Welcome Center) in Building 17, Lakewood Campus.</p>		<p>Do you have a Program Map for your <u>new</u> program/plan? * (AAB)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>					

PERSONAL INFORMATION			
First Name *	Middle Name	Last Name *	Previous Last Name(s)
Date of Birth (mm/dd/yyyy) *	Email Address *		

ADDRESS & CONTACT INFORMATION	
<p>Do you need to update your address or contact information? You may update your information by:</p> <ul style="list-style-type: none"> Logging into your ctcLink Student Homepage account (www.cptc.edu/mycc) Submitting an online Change of Information Form (www.cptc.edu/esforms) Enrollment Services Office, Building 17, Lakewood Campus (http://www.cptc.edu/enrollment-services for hours) 	

PROGRAM/PLAN INFORMATION			
CURRENT PROGRAM / PLAN	Award Type *	<input type="checkbox"/> Certificate High School Diploma/Completion <input type="checkbox"/> Associate Non-Award Seeking <input type="checkbox"/> Baccalaureate Other	Have you started this program? * <input type="checkbox"/> No <input type="checkbox"/> Yes, which quarter did you start? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Winter <input type="checkbox"/> Summer Year _____
	Plan of Study *		
NEW PROGRAM / PLAN	Award Type *	<input type="checkbox"/> Certificate High School Diploma/Completion <input type="checkbox"/> Associate Non-Award Seeking <input type="checkbox"/> Baccalaureate Other	Have you started this program? * <input type="checkbox"/> No, which quarter do you plan to start? <input type="checkbox"/> Yes, which quarter did you start? <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Winter <input type="checkbox"/> Summer Year _____
	Plan of Study *		

TRANSFER OF CREDIT & FUNDING SOURCE	
Have you previously been awarded transfer of credit? * (Forward copy to Evaluator)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving financial aid or another funding source? * (Forward copy to funding source) <i>It is recommended you check with your funding source before changing your program/plan to find out if this change will affect your funding eligibility.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

ACKNOWLEDGEMENT	
Student Signature *	Date *