CLOVER PARK TECHNICAL COLLEGE

Enrollment Services Office
4500 Steilacoom Blvd SW
Lakewood WA 98499

CHANGE OF PROGRAM / PLAN

*Required

PROGRAM MAP

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.

Obtain your Program Map from Advising & Counseling or Entry Services (Welcome Center) in Building 17, Lakewood Campus.

Do you have a Program Map for your *new* program/plan? * (AAB)

☐ Yes ☐ No

ctcLink ID # *	**Previous SID #** (if applicable)

PERSONAL INFORMATION

First Name *	**Middle Name**	**Last Name ***	**Previous Last Name(s)**

Date of Birth (mm/dd/yyyy) *	**Email Address ***

ADDRESS & CONTACT INFORMATION

Do you need to update your address or contact information? You may update your information by:

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

TRANSFER OF CREDIT & FUNDING SOURCE

Are you changing your program because you are completing your degree/certificate and want to start a new program? * (Forward copy to Evaluator)	☐ Yes ☐ No
Have you previously been awarded transfer of credit? * (Forward copy to Evaluator)	☐ Yes ☐ No
Are you currently receiving financial aid or another funding source? * (Forward copy to funding source) *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.*	☐ Yes ☐ No

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

ACKNOWLEDGEMENT

Student Signature *	**Date ***

Staff Use: ☐ Check Milestone ☐ Route to Funding Source

rev 10/6/25