

CHANGE OF PROGRAM / PLAN

NON-DISCRIMINATION STATEMENT: Clover Park Technical College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. For inquiries, please contact Title IX coordinator James Neblett, Associate Vice President for Human Resources & Culture, 253-589-5533, james.neblett@cptc.edu; or Section 504/ disability coordinator Sarah Addington, Manager of Student Disability Services, 253-589-5755, sarah.addington@cptc.edu. All offices are located in Building 17, 4500 Steilacoom Blvd SW, Lakewood, WA 98499.

*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 <u>new</u> program/plan? * (AAB) ☐ Yes ☐ No		ctcLink ID # *	Previous SID # (if applicable)	
PERSONAL INFORMATION						
First Name *		Middle Name		Last Name *		
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						
<u>CURRENT</u> PROGRAM / PLAN	Award Type * ☐ Certificate ☐ Associate ☐ Baccalaureate High School Diploma/Completion Non-Award Seeking Other			Have you started this program? * ☐ No ☐ Yes, which quarter did you start? ☐ Fall ☐ Spring ☐ Winter ☐ Summer Year _____		
	Plan of Study *					
<u>NEW</u> PROGRAM / PLAN	Award Type * ☐ Certificate ☐ Associate ☐ Baccalaureate High School Diploma/Completion Non-Award Seeking Other			Have you started this program? * ☐ No, which quarter do you plan to start? ☐ Yes, which quarter did you start? ☐ Fall ☐ Spring ☐ Winter ☐ Summer Year _____		
	Plan of Study *					
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) <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>					☐ Yes ☐ No	

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

ACKNOWLEDGEMENT	
Student Signature *	Date *