

**STUDENT INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	BCC ID NUMBER

**PROGRAM OF STUDY BEING ENDED (LEAVE THIS AREA OF THE FORM BLANK TO INITATE A DOUBLE MAJOR)**

PROGRAM CODE	PROGRAM NAME	TYPE OF PROGRAM	ADVISOR	ENDING SEMESTER & YEAR
		<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Non-Degree Seeking		<input type="checkbox"/> Fall (FA) <input type="checkbox"/> Spring (SP) <input type="checkbox"/> Summer (SU) _____

**PROGRAM OF STUDY BEING STARTED**

PROGRAM CODE	PROGRAM NAME	TYPE OF PROGRAM	ADVISOR	STARTING SEMESTER & YEAR
		<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Non-Degree Seeking		<input type="checkbox"/> Fall (FA) <input type="checkbox"/> Spring (SP) <input type="checkbox"/> Summer (SU) _____

**SIGNATURES**

STUDENT	DATE	RECORD'S OFFICE STAFF	DATE
	/ /		/ /

COUNSELOR	DATE	FINANCIAL AID (IF A FINANCIAL AID RECIPIENT)	DATE
	/ /		/ /

All students receiving any form of financial aid **MUST** have this form signed by a Financial Aid representative prior to submission.