

Program of Study Change Form

STUDENT INFORMATION

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

PROGRAM OF STUDY BEING ENDED (LEAVE THIS BLANK TO INITIATE A SECOND PROGRAM OF STUDY)

PROGRAM CODE	PROGRAM NAME	TYPE OF PROGRAM ENDING	SEMESTER & YEAR	PRIOR ADVISOR BEING ENDED
		<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) _____	

Are you receiving financial aid for the Program of Study being ended? Yes No

PROGRAM OF STUDY BEING STARTED

PROGRAM Code	PROGRAM NAME	TYPE OF PROGRAM STARTING	SEMESTER & YEAR	New Advisor Assignment
		<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) _____	

IS this your Primary Program of Study? Yes No

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

SIGNATURES

Advisor	DATE	* FINANCIAL AID (IF A FINANCIAL AID RECIPIENT)	DATE
	/ /		/ /

Student	DATE	RECORD'S OFFICE STAFF	DATE
	/ /		/ /