



Academic Change Form

Student Name: _____ **Student ID:** _____

Effective date will be today's date unless specified as other: Now Other: _____

I would like to:

Change my current program to: _____

**If changing from non-degree seeking the following must be on file:* Immunizations Proof of HS completion Placement/Transcripts

Add an additional program: _____

Change my advisor to: _____

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

Update advisor Grades First	<input type="checkbox"/>
Add to D2L advising room	<input type="checkbox"/>
Transfer file	<input type="checkbox"/>

Date Processed:	Pull Transcripts <input type="checkbox"/>
Processed by:	