



REQUEST FOR PROGRAM CHANGE

Please complete the following information and obtain the appropriate signatures on this form to initiate a transfer of enrollment between programs offered at this campus. Transfers will become effective at the beginning of the semester following the approved request. There is no guarantee that earned credit from one program will apply to another. Appropriate forms must be completed by the accepting instructor/advisor.

Campus Name _____

Date of Request _____ Current Semester _____

Student Name _____ SS# _____

Currently Enrolled Program: _____

Request Transfer to: _____

Reason for Request: _____

I understand that I am responsible for completing any assigned activities and returning any assigned equipment or supplies before transferring from my current program. I also understand that I am responsible for notifying any agency that is providing financial assistance of the change in my program major.

Student's Signature

Date

Approved:

Current Program Instructor/Advisor

Requested Program Instructor/Advisor

For Office Use Only

Meets New Program entrance requirements: _____ Yes _____ No

Effective Date: _____ Semester _____ Year

Campus Financial Aid Approval: _____

Campus Academic Approval: _____

Campus Student Affairs Approval:

Changed in Official Student Records Database: Operator Initials: _____

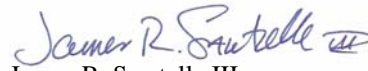
Date: _____

Policy Reference:

Review Process:

X	Reviewing Council/Entity	Review Date	Effective Date
X	Student Affairs Officers	11/19/06	
X	Academic Affairs Officers	11/19/06	
X	LTC Regional Directors	06/01/07	
X	Vice President of CTE	06/01/07	06/01/07

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Hard Copy Distribution to Regional Directors



James R. Sawtelle III
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