

CHANGE OF PROGRAM REQUEST FORM

Please complete the information below in blue or black ink

Student Name: _____ **Date of Birth:** _____

Student ID Number: _____ **Daytime Phone #:** _____

Program Currently Enrolled In: _____

Note: If you are switching from a certificate/diploma program to an associate degree program or from non-degree seeking to an associate degree program, you must have a high school diploma or adult education diploma. If you are a financial aid student, please select a program that is eligible for the financial aid you are receiving or will be receiving.

Please indicate the program of study that you would like to change to by placing a check mark in the box. (Note: If you wish to declare two programs of study, place a 1 in the box of the program that will be your primary program. Place a 2 in the box of the program that will be your secondary program.)

- | | |
|---|---|
| <input type="checkbox"/> ACCOUNTING TECH, ASSOCIATE (AAS-ACAS)
<input type="checkbox"/> AIR CONDITION & REFRIG, DIPLOMA (TD-HVAC)
<input type="checkbox"/> CARDIO. CARE SCIENCE, PRE-CLINICAL (PRE-CARD)^
<input type="checkbox"/> CRIMINAL JUSTICE, ASSOCIATE (AS-CRJS)
<input type="checkbox"/> DRAFTING & DESIGN TECH, DIPLOMA (TD-DDTC)
<input type="checkbox"/> ELECTRICIAN, DIPLOMA (TD-IECE)
<input type="checkbox"/> INTEGRATED PROD TECH, ASSOCIATE (AAS-INPT)
<input type="checkbox"/> LA TRANSFER, SCIENCES, ASSOCIATE (ASLT-ASLT)
<input type="checkbox"/> MARINE DIESEL ENGINE TECH, DIPLOMA (TD-DPMR)
<input type="checkbox"/> NURSE ASSISTANT, PRE-CLINICAL (PRE-NASS)^
<input type="checkbox"/> OFFICE SYSTEMS TECH, ASSOCIATE (AAS-BOST)
<input type="checkbox"/> PHLEBOTOMY, PRE-CLINICAL (PRE-PHLB)^
<input type="checkbox"/> SURGICAL TECHNOLOGY, PRE-CLINICAL (PRE-SURT)^
<input type="checkbox"/> WELDING, DIPLOMA (TD-WLTD) | <input type="checkbox"/> AUTOMOTIVE TECH, DIPLOMA (TD-AUTD)
<input type="checkbox"/> BUSINESS ADMINISTRATION (AAS-BSAD)
<input type="checkbox"/> CARDIOVASCULAR MED ASSISTANT (TCA-CMCA)
<input type="checkbox"/> CUSTOMER SERVICE REPRESENTATIVE (CTS-CUSV)
<input type="checkbox"/> DRAFTING & DESIGN TECH, ASSOCIATE (AAS-DDAS)
<input type="checkbox"/> GENERAL STUDIES, ASSOCIATE (AGS-ASGS)
<input type="checkbox"/> LA TRANSFER, ARTS, ASSOCIATE (AALT-AALT)
<input type="checkbox"/> MACHINE TOOL TECH, DIPLOMA (TD-MTTD)
<input type="checkbox"/> MED LAB TECHNICIAN, PRE-CLINICAL (PRE-MLAB)^
<input type="checkbox"/> NURSING, PRE-CLINICAL (PRE-NURS)^
<input type="checkbox"/> PATIENT CARE TECH, PRE-CLINICAL (CTS-PACT)^
<input type="checkbox"/> PRACTICAL NURSING, PRE-CLINICAL (PRE-PNUR)^
<input type="checkbox"/> TECHNICAL STUDIES, ASSOCIATE (AAS-TECH) |
|---|---|

^ Student must apply to & be accepted into the clinical area. Student must have obtained a high school diploma or adult education diploma to apply to clinicals.

^^ Student must apply to & be accepted into each clinical area—nurse assistant, phlebotomy, and EKG—to complete the patient care tech program.

Reason for Change: _____

Student Signature: _____ **Date:** _____

Dept. Head/Dean of Desired Program or Advisor: _____

Financial Aid Representative (if student receives financial aid): _____

ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMITTING TO THE REGISTRAR'S OFFICE

FOR STUDENT SERVICES USE ONLY

High school diploma or adult education diploma required for new program? YES NO

Approved? YES NO Reason for denial: _____

Accepted into clinical phase of program? YES NO If YES, what program _____

Student Type Verified & Updated? YES NO Effective Semester/Banner Catalog: _____

Processed Date: _____ Processed in Banner by: _____