

## 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.*

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

^ Student must apply & be accepted into the clinical area. Student must have obtained a HS diploma or adult education diploma to be eligible.  
 ^^ Student must apply & be accepted into each clinical area (nurse assistant, phlebotomy, & ECG) 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: \_\_\_\_\_

*Revised 01/15/2020 ak*