



PROGRAM CHANGE REQUEST

Student Name _____

Student ID _____ or SS# _____

Current Semester _____

Current Program of Study _____

Desired Program of Study _____ Degree Diploma TCC

Reason for Change Academic Difficulty _____ Change in Career/Academic Goals _____

Other _____

Comments _____

Get signatures in the section below from Admissions, Financial Aid, current Program Instructor, and new Program Instructor. Signatures should be obtained in the order they are listed below. The Director of Admissions will review for final approval.

Student Signature

Date Signed

Admissions Counselor Signature

Date Signed

Financial Aid Signature

Date Signed

Current Program Instructor Signature

Date Signed

New Program Instructor Signature

Date Signed

Director of Admissions

Date Signed

Do Not Write Below This Line)

Internal Use - Admissions Office only:

Changed in Banner: By _____ Date _____

Admit Type Checked/Changed: _____ Date _____