CHANGE OF PROGRAM REQUEST FORM

Once a North Shore Community College student is admitted into a specific degree or certificate program s/he has the option to change their program once per semester. Students requesting a change to a selective admissions program must enter the admissions process and meet the current admission requirements of that program. To complete this Change of Program Request form, you must meet with an Academic Advisor to discuss career and educational goals. You must also meet with a Student Financial Services Counselor to discuss potential Financial Aid and/or payment repercussions. Students receiving Veteran’s benefits should meet with a Veteran’s Certifying Official.

In order for the College to process your request for a change of program, this form must be signed, completed, returned to the Enrollment Center. Incomplete forms will not be processed. Program changes will be reflected in Campus Pipeline.

If you wish to change your program for the current semester, you must return a completed Change of Program Request form with the Enrollment and Student Records Office within the first three weeks of the semester. Any Change of Program Request form received after the first three weeks of the semester will be processed for the following semester.

Student ID ___________________________ Date _____________________________

1. Name ________________________________________________________________________________________________________
   Last                      First                      Middle

2. Former Name (if applicable)______________________________________________________________

4. Address_______________________________________________________________________________________________________________________________________________________
   Street
   Apt. #
   ____________________________________________________________
   City                     State                     Zip Code

5. Phone ( )_____________________________  6. Date of Birth _____/_____/______
   Month   Day    Year

   Please circle: Certificate    Degree

9. Semester you wish to enter new program (Check One) Fall 20____ Spring 20____ Summer 20____

   (Please note: some programs are Fall starting only)

10. Are you requesting that transcripts you submitted from other institutions be re-evaluated for your new program of study?  Yes_______ No_______

(over)
I understand that changing my program of study may have graduation and/or financial aid penalties. Ultimately, I am responsible for evaluating the consequences of a change of program.

Student Signature_____________________________________________ Date____________________________

The following signatures are required and indicate that you have discussed a change of program with the person, but do not imply endorsement of the proposed change.

Academic Advisor Signature _____________________________________ Date____________________________

Advisor Name (please print) ______________________________________

SFS Counselor Signature _________________________________________ Date____________________________

SFS Name (please print) _________________________________________

*Veterans Certifying Official Signature ____________________________ Date____________________________

*Veterans Cert. Name (please print) _______________________________

*Veteran students must discuss program changes with a Certifying Official at the college prior to making changes.

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For Office Use Only (Enrollment staff please initial and date)

Approved ______________ Effective Term__________________________ Today’s Date______________________

Not Approved ______________ Today’s Date________________________ Reason__________________________

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Revised 09/2012