

# STUDENT REQUEST FOR A CHANGE/ADD OF ACADEMIC PLAN/PROGRAM

**PLEASE CHECK WITH YOUR FINANCIAL AID ADVISOR BEFORE SUBMITTING THIS FORM.**

Allow up to two (2) weeks for processing the change/add of Academic Plan/Program

<b>First Name:</b>	<b>Last Name:</b>
<b>Student ID #:</b>	<b>Phone #:</b>
<b>E-mail Address:</b>	
<b>What term are you requesting the change for?</b>	

ARE YOU CURRENTLY ENROLLED IN CLASSES?	YES	NO	Transfer credits could be applicable towards completion of your new academic plan/program. If you indicate that you have transfer credits, your transcripts will be reviewed again by Transcript Evaluation.
ARE YOU RECEIVING VETERAN'S EDUCATIONAL BENEFITS?	YES	NO	
ARE YOU AN INTERNATIONAL STUDENT?	YES	NO	
DO YOU HAVE EXTERNAL (TRANSFER) CREDITS?	YES	NO	

## REQUEST TO CHANGE YOUR ACADEMIC PLAN

For a list of available Academic Plans, [click here](#).

	<b>Name of Plan (ex.: Accounting)</b>	<b>5-Digit Plan Code</b>
<b>CURRENT Academic Plan:</b>		
<b>NEW Academic Plan:</b>		

## REQUEST TO CHANGE/ADD YOUR ACADEMIC PROGRAM

(Complete this section to change/add your Academic Program. Example: changing from Non-Degree to an AA)

	<b>Type of Degree or Certificate (ex.: AA or AS)</b>	<b>5-Digit Plan Code</b>	<b>Select ONE Only</b>
<b>CURRENT Academic Program:</b>			
<b>NEW Academic Program:</b>			<b>Change</b> <input type="checkbox"/> <b>Addition</b> <input type="checkbox"/>

If you are changing your Academic Program to an AA, you are **required** to declare a transfer institution and transfer program of study. List your desired transfer institution and transfer program of study in the box below.

<b>Transfer Institution</b>		<b>Transfer Program of Study</b>	
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I, \_\_\_\_\_, understand the purpose of this form is to authorize MDC's Advisement & Career Services personnel to change my Academic Plan/Program. I also understand that this change may affect my eligibility to receive financial aid, may cause my financial aid award to be removed and result in a financial obligation.

<b>Student's Signature:</b>		<b>Date:</b>	
<b>Advisor's Name/Signature :</b>		<b>Date:</b>	

Submit completed form in person to your advisor or the [Advisement and Career Services department at your campus](#).

## FOR OFFICE USE ONLY

Processed by: \_\_\_\_\_  
Forward to Transcripts Evaluation Office? ☐ Yes ☐ No

Date: \_\_\_\_\_