![Wake Tech Community College Logo] **WAKE TECH** COMMUNITY COLLEGE

Academic Program Change/ Addition Request

Colleague ID _____   **Birth Date** ___ / ___ / _____

(required)

Last Name _____ **First Name** _____ **MI** _____

Effective Term

By signing, the student agrees that the listed changes will become effective for the student starting in the indicated term.

_____
Term

Active Academic Degree Program

_____   _____
primary academic degree program code   *secondary academic degree program code*

Active Diplomas and Certificates

_____   _____
diploma / certificate **code**   diploma / certificate **code**

_____   _____
diploma / certificate **code**   diploma / certificate **code**

_____   _____
diploma / certificate **code**   diploma / certificate **code**

Ending Programs

_____   _____
Program Code   Program Code

_____   _____
Program Code   Program Code

_____   _____
Program Code   Program Code

Approvals

_____ _____
Student Signature   *Date*

_____
Advisor Printed Name

_____ _____
Advisor Signature   *Date*

For College Use Only

☐ FA/VA Student

☐ Processed by   _____ _____
                   Staff Initials   *Date*