

447 College Drive, Sylva, NC 28779

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CHANGE OF PROGRAM/TERM UPDATE

PLEASE PRINT Full Name: Student ID#: Date of Birth (MM/DD/YY): Telephone: (Cell): () -(Home): (_____) ____ -CHANGE OF PROGRAM 1. Program Withdrawing from: 2. Program Applying for: AA or AAS degree; Diploma; Certificate Change is effective - enter year: Fall _____ Spring ____ Summer ____ 3. Add a 2nd program of study: ☐ AA or AAS degree; ☐ Diploma; ☐ Certificate Change is effective - enter year: Fall _____ Spring ____ Summer ____ 4. Add a 3rd program of study: _____ _____ □ AA or AAS degree; □ Diploma; □ Certificate Change is effective - enter year: Fall _____ Spring ____ Summer ____ SIGN HERE: DATE: For Office Use: AP - PR - AD: _____ **NEW SHAP:** AP - PR - AD: AP - PR - AD: SPRO: (Check Yes or No Statuses) New Advisor(s): New Advisor(s):