

## **Program Change and Declaration Form**

Admitted student's updated program(s) of study will be reflected in the student record after processing this form. Some students may have a change in advisor. Contact your advisor for details about your new program plan. You should also review a new Degree Works audit.

Students must submit this form by the deadline published in the academic calendar or the change will be effective for the following semester.

Please reference the section about "earning two degrees" in the College Catalog, along with other policies related to earning more than one Associates Degree.

## **Student Information:**

Last Name:	First Name:	Mid	dle:	
Student ID: @	Home Campus:		_	
Email:	Phone Number:			
Select from ONE of the below options:				
• I am currently a degree or cen	tificate-seeking student and wish to chang	e my program(s) of study.		
• Declare a Primary Prog	O Declare a Primary Program:		Program Code:	
• Declare an Additional F	rogram:	Program Code:		
	seeking student and wish to declare my pr lation status (proof of high school comple			
• Declare a Primary Progra	m:	Program Code:		
• Declare a Second Progra	ım:	Program Code:		
Please REMOVE the following	program(s) from my program of stud	V		
Remove Primary Program:		_ ProgramCode:		
Remove an Additional Program:		Program Code:		
<b>Do you receive Veterans' Benefits?</b> Yes No		Do you require your transcripts to be re-evaluated from a prior college (including other campuses within the CT State Community College)?		
		Yes	No	
Certification: I affirm that I am the a	bove-named person, and the information	on presented above is true	and accurate.	
Student Signature:		Date:		

Please complete and return to the One Stop Enrollment Center.

For Office Use Only:	
Date Received:	
Date Entered:	
Entered By:	
Effective Term:	