Complete the following information and obtain the appropriate signatures on this form to initiate a change of major or program. Change of Program/Degree Plan Forms submitted prior to the Add/Drop period will be processed for the current semester. Change of Program/Degree Plan Forms submitted after the Add/Drop period will become effective at the beginning of the following semester. There is no guarantee that earned credit from one program will apply to another. All future courses taken must apply to the new major.

Date of Request: ____________________________  Current Semester: __________________________

Student Name: ______________________________  Student ID # (LoLA): ______________________

Current Program/Degree Plan: ________________________________  Technical ___  Associate ___

New requested Program/Degree Plan: ________________________________  Technical ___  Associate ___

Campus: Lafayette___  New Iberia___  Franklin___  Acadian___  C.B. Coreil ___  Evangeline___

              Gulf ___  T.H. Harris___  Young Memorial___  Online ___  NEMSA Location___

Graduate: (Circle) YES  or  NO  Term: (Circle) FALL  SPRING  SUMMER Year__________________

I understand that I am responsible for completing any assigned activities and returning any assigned equipment or supplies before changing my current program. I also understand that I am responsible for notifying any agency that is providing financial assistance of the change in my program, including the SLCC VA office, if applicable.

Student Signature: ___________________________________________  Date: ______________________

Change Effective Date: ____________________________  Semester: __________________  Year: ________

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For Registrar’s Office & Admission’s Department Use Only

When changing programs all signatures are required within the box.

Advisor Signature: ___________________________________________  Date: ______________________

Waitlist (Tech Programs Only)  Approved for enrollment ______  Student added to waitlist ______

Student Type Changed (If Appropriate) _________

Admissions Signature (Tech Programs Only) ___________________________  Date__________________

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Registrar’s Office Approval

Effective Catalog Term: __________________________

Registrar’s Office: ___________________________________________  Date__________________