

Request for Change of Program/Campus/Catalog Continuing Students

Complete the following information and obtain the appropriate signatures on this form to initiate a change of program/campus/catalog.

- Change of Program/Campus/Catalog Forms submitted prior to the Add/Drop period will be processed within 1-3 business days for the current semester.
- Change of Program/Campus/Catalog 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 Program/Campus/Catalog.
- Changes may be limited by program admissions requirements and seat availability. SLCC cannot guarantee change requests will be approved. Students should verify requested updates in LoLA.

Date of Request: _____ Current Semester: _____
 Student Name: _____ Student ID # (LoLA): _____
 Phone #: _____
 Student Signature: _____ Date: _____

Please fill out all parts below that are applicable.

Program:

Current Program: _____
 New requested Program: _____ Technical ____ Associate ____

Campus:

Lafayette ____ New Iberia ____ Franklin ____ Acadian ____ C.B. Coreil ____ Evangeline ____
 Gulf ____ T.H. Harris ____ Young Memorial ____ Online ____ NEMSA Location _____

Catalog:

Students requesting to change their catalog of record to a newer version should consult and receive approval of their advisor. Students requesting to change their catalog of record to an older version should consult and receive approval of their dean.

Current Catalog Term Year: _____ Requested Catalog Term Year: _____

Advisor Signature (for Newer Catalog): _____ Date: _____

Dean's Signature (for Prior Catalog): _____ Date: _____

Have you applied for Graduation this semester: **YES or NO** Have you graduated from SLCC?

Have you graduated from SLCC?: **YES or NO** Term: **FALL SPRING SUMMER** Year: _____

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

Registrar's Office Approval

Waitlist YES or NO If new program is on a Waitlist forward to Admissions@solacc.edu.

Registrar's Office: _____ Stamp Date & Time