



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. SoLAcc cannot guarantee change requests will be approved. Students should verify requested updates in LoLA.

Date of Request:

Effective Semester:

Student Name:

Student ID# (LoLA):

Phone #:

Have you applied for graduation this semester? ____ Yes ____ No Have you graduated from SoLAcc?

Please fill out all parts below that are applicable.

Program: Current Program: _____ New Requested Program: _____
Louisiana Transfer Concentration (if applicable): _____ Technical ____ Associate

Dean's Signature (change to Allied Health): _____ Date: _____

Campus:

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

Catalog:

Students requesting a change to their catalog of record to a new version should consult and receive approval of their academic advisor.
Students requesting a change to 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 (Newer Catalog): _____ Date: _____

Dean's Signature (Older Catalog): _____ Date: _____

I understand that I am responsible for notifying any agency assistance of the change in my program, including the SoLAcc VA office, if applicable.

Student Signature: _____ Date: _____

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