REQUEST FOR PROGRAM CHANGE

Please complete the following information and obtain the appropriate signatures on this form to initiate a transfer of enrollment between programs offered at CLTCC. Transfers will become effective at the beginning of the semester following the approved request. There is no guarantee that earned credit from one program will apply to another. Appropriate forms must be completed by the accepting instructor/advisor.

Date of Request ________________________ Current Semester ___________________________

Student Name _____________________________________ Banner #_____________________

Currently Enrolled Program: _________________________________________________________

Request Transfer to: _______________________________________________________________

Reason for Request: _______________________________________________________________

I understand that I am responsible for completing any assigned activities and returning any assigned equipment or supplies before transferring from 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 major.

____________________________  _____________________________
Student’s Signature Date

Approved:

____________________________  _____________________________
Current Program Instructor/Advisor Requested Program Instructor/Advisor

For Office Use Only

Meets New Program entrance requirements:  Yes  No

Effective Date of Transfer: _____________________________ Semester ______________ Year

Campus Financial Aid Approval: _______________________________________________________

Campus Academic Approval: _________________________________________________________

Campus Student Affairs Approval: _____________________________________________________

Changed in Official Student Records Database: Operator Initials: __________ Date: _____________

Effective Date: 08/01/2014  Revision Date: 08/01/2014