



# REQUEST TO CHANGE PROGRAM OF STUDY

Student ID# or SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Do you receive Financial Aid?:**     Yes     No

*If yes, you must speak to someone in the Financial Aid Office regarding your change of program/addition of a secondary program prior to submitting this form to the Harper Help Desk.*

Financial Aid Office Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

## PROGRAM SELECTION

Primary Program of Study: \_\_\_\_\_

Credential Type:     Degree     Diploma     Certificate

Secondary Program of Study: \_\_\_\_\_

Credential Type:     Degree     Diploma     Certificate

Are there any Programs of Study you wish to end? (Please list): \_\_\_\_\_

*Student Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

### For Office Use Only

Advised By: \_\_\_\_\_

Effective Term: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Catalog Term: \_\_\_\_\_

Additional Notes: \_\_\_\_\_