



CHANGE OF PROGRAM

STUDENT INFORMATION

Date _____

Name _____
(last) (first) (middle or former name)

Date of Birth _____ Social Security No. _____ ID No.

Home Phone No. _____ Local Phone No. _____ College Box No. _____

Home Address _____

State of Residency _____

Current Program/Plan _____ Subplan/Emphasis _____

CHANGE OF PROGRAM *(Only students who wish to officially change their program/plan or subplan/emphasis area should complete this section)*

New Program/Plan _____ Subplan/Emphasis _____

When do you wish this change to become effective?

___ Immediately ___ End of Current Semester ___ Other (Please specify date _____)

Have you attended any other college(s) or universities prior to NDSCS? ___ Yes ___ No

Student Signature _____

DEAN'S OFFICE USE ONLY

EFFECTIVE TERM: _____

ENROLLMENT SERVICES OFFICE USE ONLY

CAPACITY RECEIPT No. _____

CANCELLED _____

ACCEPT _____ REJECT _____

FINAL LETTER _____

ENTERED _____

DIVISION	PROGRAM	Class	Status
_____	_____	_____	_____

DEAN'S OFFICE USE ONLY

Date Entered _____ Program changed Advisor Assigned _____ Completed by _____