

## **CHANGE OF PROGRAM**

STUDENT INFORMATION

Date

First Name Last Name Middle or Former Name

Date of Birth Phone Student ID #

Current Program / Plan Subplan / Emphasis

Associate Diploma Certificate

Wahpeton Campus NDSCS-Fargo Online

## **CHANGE OF PROGRAM**

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

New Program / Plan New Subplan / Emphasis

Associate Diploma Certificate

Wahpeton Campus NDSCS-Fargo Online

When do you wish this change to become effective?

Immediately End of current semester Other (Please specify date)

Student Signature

## **Programs with Program Admission Requirements Only**

Completion of Program Admission Requirements (Proof of test scores or appropriate ASC course completion)
Program Admission Requirements Waived

**Explanation Required** 

Department Chair Signature Date

Dean's Signature Date

Deans' Office Use

Effective Term Program Changed Date Entered

Advisor Assigned

Non-Degree to Degree Seeking Programs Only

Admission Requirements Verified With Completed By/Date

Copy To: Enrollment Services, Department Chair, Deans' Office and/or Allied Health