SPOKANE COMMUNITY COLLEGE

Program of Study Change Request

DIRECTIONS

Complete this form to change or add a program of study. Return this completed and signed form to the Registration Office by email, fax, in-person, or mail. Once your request has been processed, you will be contacted within 3-5 business days regarding next steps. Please note, program changes received during an active quarter must be processed for the next quarter.

Not sure what Program of Study to pursue for your desired career? We recommend meeting with an Academic Counselor prior to completing this form to discuss your best path forward. You may also review the SCC What to Study webpage for program options.

PERSONAL INFORMATION

Student's ctcLink ID: _____

First Name: _____

Last Name: _____

Email Address: _____

Program Status: ☐ Program Change ☐ Additional Program

Requested Program: Please select...

Effective Quarter: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: _____

By submitting this form, I acknowledge and understand the following:

- ***This request may affect my Financial Aid eligibility and/or award amount and that it is recommended that I discuss this change with the Financial Aid Office before submitting the form.***
- ***This change may impact my time to complete my degree or certificate.***

Please select your role: ☐ Student ☐ Employee

STUDENT SIGNATURE Complete this section if form is completed by the student.

Student Name _____

Student Signature: _____ Date: _____

EMPLOYEE ATTESTATION Complete this section if form is completed by on behalf of the student.

I attest that I discussed this program change and it was approved by the student.

Employee Name _____

Employee Name and Signature: _____ Date: _____

OFFICE USE ONLY		
Date Received:	Received by:	
Letter	Process by	Res Code