

**1. Student Information**

Full Name:			ctcLink Number:
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Current Program:			
Change to New Program:			<i>Enter the number of programs you have been enrolled in below</i> Number of Programs:

Effective Quarter: (check one)     **Summer**    **Fall**    **Winter**    **Spring**    Effective Year: \_\_\_\_\_

*By signing below, I understand that my request to change my current program may affect my financial aid eligibility and/or award amount and understand this change may impact my time to degree completion. I understand the maximum amount of programs I can attempt are three, regardless of completion.*

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

**2. Counseling Office (Office Use Only)**

Is student currently in degree program?  Yes  No    Amount of applicable credits toward new degree: \_\_\_\_\_

Pathways Code – PWA (HAD), PWB (BUS), PWU (Explor.), PWH (Health), PWR (Honors), PWP (Pullman), PWE (Educ.     PWA  PWB  PWU  PWH  PWR  PWP  PWE  PWS SBS), PWS (STEM)

Comments: \_\_\_\_\_

\_\_\_\_\_

Counselor/Faculty Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Financial Aid Office (Office Use Only)**

Not receiving Financial Aid:

MAXT or Sap Issue (potential of MAXT based on credits already taken)    YES     NO

SULA- Length in previous program and remaining SUB eligibility per new program

Alternative Date:    YES     NO

After Quarter Start and before census with NO funding disbursed, eligible for alternative date

After Quarter Start and before census with funding disbursed OR AFTER CENSUS – future date

Ensure program change form reflects correct effective term

Additional Comments: \_\_\_\_\_

Financial Aid Initial: \_\_\_\_\_    Effective Qtr/Year: \_\_\_\_\_ / \_\_\_\_\_    Date: \_\_\_\_\_

**4. Admissions & Registration (Office Use Only)**

Graduation Application submitted YES  NO  Date Submitted: \_\_\_\_\_

Anticipated Grad Date: \_\_\_\_\_

Actual Number of Programs Attempted \_\_\_\_\_

Received by: /Processed by: \_\_\_\_\_ / \_\_\_\_\_    Recd Date: \_\_\_\_\_ / \_\_\_\_\_  
Prc Date: \_\_\_\_\_ / \_\_\_\_\_

Approved: \_\_\_\_\_    Denied: \_\_\_\_\_

Reason if denied: \_\_\_\_\_