



2600 Sixth Street SW,
Canton, OH 44710
330-363-6347 / Fax 330-580-6654

CHANGE OF PROGRAM/DEGREE INTEREST FORM

STUDENT NAME: _____
Please print

PHONE: _____ **EMAIL:** _____

SEMESTER PROGRAM CHANGE EFFECTIVE: _____

CURRENT PROGRAM/DEGREE: _____

NEW PROGRAM/DEGREE: _____

REASON FOR PROGRAM/DEGREE CHANGE: _____

Submit completed Change of Program/Degree Interest form to the College Main Office by the Friday before the start of the semester of intended enrollment. Exception AAS Radiography program- deadline for AASR can be found on the Aultman College website.

Student Signature _____ Date _____

Advisor Signature _____ Date _____

FOR ADVISOR USE ONLY

Processed Date: _____ Name: _____

Current GPA: _____ Good Academic Standing: _____

Student Eligibility Decision: _____

Ranking Requirements Met (if applicable) _____