



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. Exceptions may include the AASR, ASN, and MA programs.

Student Signature _____ Date _____

Advisor Signature _____ Date _____

FOR ADVISOR USE ONLY

Processed Date: _____ Name: _____

Current GPA: _____ Student Eligibility Decision: _____

Academic Success Workshop: Not needed Needed