



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 \_\_\_\_\_

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### FOR ADVISOR USE ONLY

Processed Date: \_\_\_\_\_ Name: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Student Eligibility Decision: \_\_\_\_\_

Academic Success Workshop:    Not needed                  Needed