

# Central Carolina Technical College

## Change of Program Request

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

New Program (Major) \_\_\_\_\_

Current Program (Major) \_\_\_\_\_

Are you currently using Veteran Benefits?  Yes  No

If yes, you must receive VA counseling from the Financial Aid Office prior to changing your program.

VA Approval  Yes  No Initial of VA Counselor \_\_\_\_\_

Are you currently a WIA or TAA recipient?  Yes  No

If yes, you must receive counseling from the college's coordinator.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Official Use Only

Today's Date \_\_\_\_\_

Program \_\_\_\_\_ Change Effective: Semester/Year \_\_\_\_\_

Forms Completed:  SAAQUICK  SGAADVR  SPACMNT

Counselor: \_\_\_\_\_ New Advisor: \_\_\_\_\_

CSI Action Required  Transcript Evaluation Needed

Placement: RDG \_\_\_\_\_ ENG \_\_\_\_\_ MAT \_\_\_\_\_ CPT \_\_\_\_\_

Placement Based on: \_\_\_\_\_