



CENTRAL CAROLINA TECHNICAL COLLEGE

CHANGE OF PROGRAM REQUEST

Name: _____ C# _____

Address: _____ City: _____

Zip: _____ Phone: (____) _____

Desired Program/Concentration: _____

Are you currently receiving Financial Aid (FA) or VA Benefits? Yes _____ No _____

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

Are you currently a Scholars student? Yes _____ No _____

If you are a WIA or TAA recipient, contact your casework to make sure your desired program of study will be paid.

Student's Signature: _____ **Date:** _____

I have received a copy of my Gainful Employment Disclosure for my program of study from Central Carolina Technical College. Student initial: _____

Office Use Only

SGASTDN Current Program of Study: _____

FA Approval: Yes _____ No _____ Initial of FA counselor: _____

Credited Hours: _____

VA Approval: Yes _____ No _____ Initial of VA counselor: _____

Scholars Approval: Yes _____ No _____

Career Counseling Required: Yes: _____ **No:** _____ **Number of Change of Program in Banner:** _____

If yes, date career counseling was provided and career counselor's initials: _____

Today's Date: _____ Change Effective: Semester/Year _____

Program: _____ New Advisor: _____

Counselor: _____

Placement based on _____ RDG _____ ENG _____ MAT _____ CPT _____