

## **Change of Major**

This form is to be used by a current student to change his/her major and must be signed by the student and Director of Advising (or designee) prior to submitting to the Registrar. NOTE: In order to change to an associate degree or diploma program, your high school transcript/GED must be on file.

Last Name	First Name	Middle Name	
Student ID: T Sem 2 0 FA	ester (Check One)  SP SU		
New Major			
Credential: Associate	Diploma Cer	rtificate	
I authorize Tri-County Techniabove. I understand that if this for Session A, it will be process	is request is made a	fter the last day of add	
Student's Signature		Date	
Director of Advising's (or des	ignee) Signature	Date	
10/16 Student Date	a Center/Registr	ar's Office Use Only	
Course Hours Not Applied to Pro	ogram (ROANYUD):		
Degree Works (Refreshed, Printed, and Attached)			
Date Keyed:	Initials:		



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associate degree or diplomust be on file.	oma program, your high school	transcript/GED	
Last Name	First Name	Middle Name	
Student ID:			
Year 2 0	Semester (Check One) FA SP SU		
New Major			
Credential: Associa	te Diploma Certificat	e	
above. I understand tha	echnical College to change my to tif this request is made after the processed for the next semester.	e last day of add	
Student's Signature		Date	
Director of Advising's (o	or designee) Signature	Date	
10/16 Student	Data Center/Registrar's C	Office Use Only	
Course Hours Not Applied	to Program (ROANYUD):	-	
Degree Works (Refreshed, Printed, and Attached)			
Date Keyed:	Initials:		



## Change of Major - Financial Aid Disclosure

of this form, will affect my financial aid eligibility.
nancial aid and changing my program of study, as indicated on the front
I understand the program of study I have selected is not eligible for fi-

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Date			ent's Signature	onts
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