

# REQUEST TO CHANGE PROGRAM OF STUDY



CALHOUN  
COMMUNITY COLLEGE

OFFICE OF ADVISING AND RETENTION • P.O. Box 2216 • Decatur, AL 35609 • 256.306.2500

*Student must present a photo ID to process this request.*

Student ID #: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Current Program of Study/Major: \_\_\_\_\_

Current Concentration (if applicable): \_\_\_\_\_

Please refer to the list of majors and concentrations on the back of this form and choose only one major and one concentration (if applicable) to complete the following information:

**Degree:** (Please check the box below corresponding to your new program of study/major):

☐

**A.S. Degree**

☐

**A.A.S. Degree**

☐

**Certificate**

New Program of Study/Major: \_\_\_\_\_

New Concentration (if applicable): \_\_\_\_\_

Effective Term for New Program of Study: \_\_\_\_\_ Catalog Term: \_\_\_\_\_

**\*\*\*PLEASE NOTE: Classes taken outside of your program of study/major may not be covered**

**by financial aid funding, which could delay your graduation.\*\*\***

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*Return this completed form in person to the Advising and Retention Office, or scan and email the form to [advising@calhoun.edu](mailto:advising@calhoun.edu). If emailed, a legible copy of your government issued ID (driver's license, military ID, passport, etc...) must accompany this form \*\*\***

## FOR ADVISING OFFICE USE ONLY

Date Updated: \_\_\_\_\_ Updated By: \_\_\_\_\_

Note: \_\_\_\_\_

(REV 10/21)