

CHANGE OF PROGRAM/ADD SECOND MAJOR REQUEST FORM

THIS FORM IS FOR DECLARED STUDENTS ONLY

LAST NAME:			STUDENT ID NUMBER:
LAST	FIRST	MI	
MAILING ADDRESS:			DATE OF BIRTH:
1	P.O BOX <u>OR</u> HOME MAILING ADDRESS		MONTH/DAY/YEAR
			GENDER: □ MALE □ FEMALE
VILLAGE	STATE	ZIP CODE	
PHONE:			
HOME	OTHER		
NROLLMENT STATUS	SEMESTER		SPECIAL STATUS
New Student	□Spring 20		☐I am receiving VA Educational Benefits
Continuing Education	□Summer 20		☐ I am receiving Financial Aid (Pell Grant, etc.)
Returning/Former Student	□Fall 20		☐I am an I-20 Student (Foreign Student)
			☐ An AGENCY is paying my tuition at GCC
	PLEASE CHANGE M	Y PROC	GRAM OF STUDY:
			(CHECK ONE)
FROM:			Associate of Arts
			☐ Associate of Science
TO:			Certificate
	ADD/DELETE	SECON	ID MA IOD.
ADD:			
			□ Associate of Arts
DELETE:			
			☐ Certificate
	I DDOODAM OF CTUDY I	NIDING	THE. Tannua as
I WISH TO BEGIN MY NEV	W PROGRAM OF STUDY I	DUKING	
			□SUMMER 20 □FALL 20
			□FALL 20
NOTE: I understand that ch	anging my major or adding	a second	major would change my GCC Catalog requirement
to the current ca	atalog.		
STUDENT SIGNATURE:			DATE:
	ADMISSIONS & REGIST	TRATIO	N OFFICE USE ONLY
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ADDDOVED FOR CEMECE	ACTION TAKEN		
NOTICE TO STUDENT, Vo	ER/YEAR:	om/odd soc	DATE OF CHANGE/ADD:ond major has been approved. Please refer to the most
current GCC Catalog for all of	your new program requiremen	otzaud sec its.	ond major has been approved. Flease ferer to the most
DISAPPROVED:	REMARKS:		
MM/D	D/YY		
REGISTRAR'S SIGNATUR	E:		