

Student ID#: _____ **Date of Birth:** _____ **CCCC Email:** _____

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Instructions:

- Do not use this form for the following programs: Aviation, Dental Hygiene, Dental Assisting, Diagnostic Technician, Embalming, Fire Science EMS Option, Funeral Service, Nursing, and Paramedic. Contact Admissions for more information.
- Before completing the form, check to see if you fit one of these categories:
 - If you receive Financial Aid, Military, or Veteran's benefits: Consult with the Financial Aid Office or the Military and Veteran Services Advisor to understand how program changes may impact aid.
 - If you are an international student (I-20 or F-1 Visa holders): Meet with an Admissions Representative.
 - If you are a WIOA ITA or Section 30 TOP recipient: Obtain written approval from MassHire or TOP.
- To complete the Program Change Request form:
 - Work with an Academic Advisor since changes may affect your graduation requirements.
 - Submit the completed, signed form to the Office of the Registrar in person or via email to registration@capecod.edu.

New Degree or Certificate Program:

Associate in Arts (AA) **Associate in Science (AS)** **Certificate (CT)**

Program Name: _____ **Concentration:** _____

Your Academic Advisor will help you complete this section:

The student will remain in their existing Advising Institutional Requirement Year unless you select the following:

CHANGE the student's Advising Institutional Requirement Year to the current academic year or to the year in which their program change takes effect: _____ (year)

Note any outstanding CLEP, Course Challenge, Substitutions, or Transfer Credits or if the student needs re-evaluation of current transfer credits:

Changes requested after the drop/add period will be processed at the end of the current semester and will take effect the following semester.

Student Acknowledgment of Understanding:

By signing below, I acknowledge that changing my program and/or Advising Institutional Requirement Year may impact my graduation requirements, Financial Aid, Veteran's/TA benefits, and/or MASS Transfer eligibility

Student Signature (required): _____ Date: _____

Advisor Signature (required): _____ Date: _____

Advisor Email (required): _____ Extension: _____

Office of the Registrar Use Only:

Processed _____ Exp. Grad Year/Term: _____ / _____ Acad. Plan Start Year/Term: _____ / _____