CHANGE OF PROGRAM REQUEST FORM

1. Incomplete and/or illegible forms will NOT be processed.
2. The “New Program Code” field MUST be completed. See the Advising Center for assistance.
3. Changes are accepted for the current and next two (2) semesters ONLY.
4. Submit the completed form to StarZone (Gannon bldg. 2nd floor). Please allow one week for processing.

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Student ID Number  Date of Birth (MM DD YYYY)

Last Name       First Name       Middle Name

New Program Code       Program Description

Semester effective:    Fall 20 ___    Spring 20 ___    Summer 20 ___

Is this a transfer program?    yes       no

Do you have transcripts from other institutions pending evaluation at LCC?    yes       no
(If yes, additional paperwork needs to be completed. Please ask to speak to a Veteran representative.)

Do you receive Veteran Educational Benefits at LCC?    yes       no
(If yes, please ask to speak with an International Specialist who MUST sign and date this form before it is submitted.)

Student signature: ___________________________________________  Date: ______________

International Specialist signature: ___________________________________________  Date: ______________

OFFICE USE ONLY:

Attention: If the student has transcripts from other institutions pending evaluation at LCC, give this form to the transcript evaluators in the Records Office after processing.

Processed at counter by: __________________________  Date: ______________

Transcript evaluator: _____________________________  Date: ______________

Revised on 07-14-2014