

## **Certificate of Study Change Request**

First Name	Middle Initial	Last Name	Student ID #
Street Address		City and State	Zip Code
Phone		Alternate Phone	Date
Action: (check one)			
Add Change to			
Certific	cate Name:		
The catalog of rec requirements in this	catalog for graduation purp	effect at the time you chose your program of stud oses. If you are unsure of your catalog of record, p	
Advisor Signature:		e is required to change Catalog of Record	Date:
Educational Objective Transferring to a fo	bur-year college	Improving skills for present job Preparing for GED	For personal interest
Student Signature		the student acknowledges the potential in	npact to Financial Aid and Gradua
	I be made effective for t	he <mark>current</mark> term until the midpoint of the se he following semester. Please see the Enro	emester. After the midpoint of the

questions regarding the affect this change may have on your financial aid disbursement.

## If you are a current high school student, please indicate your graduation year: \_\_\_\_\_

AH-Certificate of Study Change Form FEB2019 final.docx/1