

J# _____

JEFFERSON COMMUNITY COLLEGE
WATERTOWN, NY 13601

ACADEMIC PROGRAM CHANGE FORM Matriculation Change Request

This request is for current students that wish to Change their current Primary Academic program or Add a Secondary Academic program at the College.

All fields must be completed. Please type or print in black ink, then sign and return this form to the Enrollment Services Office located in the Jules Center-Building 6, suite 6-010.

Student Name: _____ Phone Number: _____ Student ID #: J _____

Current Primary Academic Program of Study: _____

Degree/ Credential: A.S. A.A. A.A.S. A.O.S. CERT MICR

New Primary Academic Program of Study: _____

Degree/ Credential: A.S. A.A. A.A.S. A.O.S. CERT MICR

The following must specify concentration:

Childhood Education, Hospitality and Tourism, and Natural Sciences- _____

New Secondary Academic Program of Study (If Applicable): _____

Degree/ Credential: A.S. A.A. A.A.S. A.O.S. CERT MICR

The following must specify concentration:

Childhood Education, Hospitality and Tourism, and Natural Sciences- _____

Note: A *future* effective term should be chosen. Financial Services **must** be consulted prior to signing this form for any change requested for a current effective start term selection.

Effective Term for Program Change: Fall Winter Spring Summer 20____

Expected Graduation Date for the New Primary Program: May August January 20____

I have discussed my desire to change my degree program with an authorized school official and am aware of any impact this change could have on my financial obligations, expected graduation date, and/or future academic/career plans.

Furthermore, I understand that adjustments to my schedule, including program changes may affect financial aid and billing and unpaid financial obligations may be assigned to an external collection agency. Any collection and related legal costs will be added to the amount of indebtedness and will be considered as my responsibility.

Student Signature

Date

*Authorized Personnel Printed Name and Signature

Date

*Authorized Signature (School Chair, AVP, or VPAA)

Date

Please refer to the current Jefferson Community College catalog, www.sunyjefferson.edu, for information on approved programs of study and Matriculation Policy.