

## REQUEST TO CHANGE PROGRAM OF STUDY

Student Full Legal Name (Please Print)  First Name Middle Initial Last Name			Preferred Phone Number		
			( )	)	
Germanna Student ID Number		Current Term (Please Check)		Current Year	
		Fall □ Spring □ Summer □		er 🗆	20
Program Change Information *Click the link below for Program Codes and Information					
https://catalog.germanna.edu/content.php?catoid=13&navoid=339					
Program to Add (if applicable)		Program to Remove (if applicable)			
Title		Title			
PLEASE CHECK:					
Preferred campus for advising: ☐ Fredericksburg ☐ Barbara J. Fried Center ☐ Locust Grove ☐ Daniel Tech. Center					
Are you receiving GI Bill Benefits?	□ Yes		□ No		
Are you receiving Financial Aid?	□ Yes		□ No		
Have you applied for graduation?	☐ Yes		□ No		
Please note a General Studies Degree will not be conferred in addition to another AA&S Degree unless the programs vary by 25% of required credit hours for the second degree.					
Would you like to update your advisor? ☐ Yes ☐ No					
Is there a specific advisor you would like to request?					
Student Signature:				_ Date:	
<b>PLEASE NOTE:</b> All program changes received after the last date to drop with a refund will not be changed until the following semester.					
FOR OFFICE USE ONLY:	Staff Member	: 🗆 Progr	am Changed	☐ Advi	sor Changed
Processed by:			D	)ate:	

Submit to Admissions and Records. Allow up to 5 business days for processing.