

GTCC PROGRAM CHANGE FORM

Mail: Guilford Technical Community College, PO Box 309, Jamestown, NC 27282 Fax: 336-819-2045

Directions: Complete all required parts and get required signatures.

- If you are in a limited enrollment program (Health Program, EMS, Cosmetology, Aviation, Paralegal Certificate) you do not complete this form.
- Receive the signature of Student Success Center staff member, department chair or program director.
- If you receive financial aid, veteran benefits and/or F1 Visa get the signature of a representative in those areas.**
- When you complete a program change you are moved to the most recent catalog year.
- Advisor assignments are done monthly at the end of each month. If you have completed a program change it will be based on the primary program.

To be completed by the Student

Student Id Number _____

Name: _____
(Last)
(First)
(Middle)

Check all that apply:

I receive financial aid, this includes scholarships

I receive veteran benefits

Please select one or more:

Adding Program(s) New Programs will use the current catalog

Program Code (e.g. A10100)	Program Title (e.g. Associate in Arts)	Type	Primary Program (Select only one)	Make Active

*Note typical program length for full time student: Degrees = 2 year, diplomas = 1 year, and certificates = 9 months to 1 year.
 If you are changing a program between semesters, it will become active in the next semester.

Closing Program(s)

Program Code (e.g. A10100)	Program Title (e.g. Associate in Arts)	Type

Student Signature: _____

Date: _____

Staff Signatures on back

To be completed by Student Success Center Staff or Faculty Advisor

Student Success Center Staff/Faculty Advisor (Print Name): _____

Student has selected only **one** Primary Program

Student Success Center Staff/Faculty Advisor (Signature): _____ Date: _____

To be completed by Financial Aid

Financial Aid Advisor Signature: _____ Date: _____

To be completed by Veteran Office

Veteran Representative Signature: _____ Date: _____

To be completed for "F1 Visa" Students

International Advisor Signature: _____ Date: _____

To be completed by Processing

____ Program Code Changed Date: _____ Processed By: _____