



Student ID Number

--	--	--	--	--	--	--

Program of Study Change Form

Student Information

Last Name	First Name	Middle	Birthday (M/D/Y)
Email		Phone	

Program of Study

Primary

Program Name	Program Code	Catalog Year*
--------------	--------------	---------------

**Please list any secondary majors you wish to remain active. Please note any program not listed will be inactive. **

*Any new majors are subject to current catalog requirements. This section may also be used to update requirements of existing majors.

Secondary

Program Name	Program Code	Catalog Year*
--------------	--------------	---------------

Secondary

Program Name	Program Code	Catalog Year*
--------------	--------------	---------------

Student Signature	Date
-------------------	------

NOTE: Program of Study Change Forms submitted after the 1st week of the term will be effective the following term.

Return this completed form to Student Services in the Jack Hunt Campus Center

137 S. Post Road
 Shelby, NC 28152
 Phone: (704) 669-4081
 Fax: (704) 669-4204
 Website: www.clevelandcc.edu

OFFICE	<input type="checkbox"/> Program Code Changed	Processed By:	Date
	Received By:		Date