



Please contact Student Records at 828.448.6049 if you need this form in an alternative format

Office of Admissions and Records, 1001 Burkemont Ave., Morganton, NC 28655
Attn: Wesley Kaylor, wkaylor@wpcc.edu or Cathy Williams, cwilliams@wpcc.edu

PROGRAM CHANGE FORM

STUDENT NAME: _____
(Please print clearly as it now appears on your Records)

STUDENT ID #: _____ **DATE:** _____

BIRTHDATE: _____ **CONTACT PHONE #:** _____

Program Changes will be processed at the end of the current term and will be effective prior to the upcoming term.

Change Program to: _____

(Must complete a new application if not enrolled for two consecutive semesters, does not include Summer semester)

(Changing your program of study can affect Financial Aid eligibility. If you receive Financial Aid, discuss your intended program change with the Financial Aid Office BEFORE you submit this form.)**

_____ **Please check here: If you are graduating from WPCC at the end of this semester.**

_____ **Please initial this section if you want to remain on the Allied Health List you are currently listed on.**

_____ **RE-ACTIVATION (Allied Health Programs only):** Must complete a new application if not enrolled in the past Academic Year

*(AAS-Registered Nursing program only) Re-entrance date/semester: _____

Student Initials (required for changes to be processed): _____

Student Records Use Only

New Advisor: _____ Initials/Date Information Changed: _____

Comments: _____