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) you do not complete this form.
- Complete areas that only apply to you
- Remember to include level if changing or adding a program (degree, diploma, and certificate)
- Receive the signature of Student Success Center staff member or department chair.
- If you receive financial aid and/or veteran benefits get the signature of a representative in those areas.
- Note: 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 _____   **Date of Birth** _____

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

Check all that apply:

_____ I receive financial aid, this includes scholarships   _____ I receive veteran benefits

Changing Catalog Year – If you plan to move your catalog year to the most recent catalog year but not change your program, complete the section below.

Change Program Catalog Year from _____ **to** _____ **Program Code:** _____

Changing Program – If you want to change your program, complete the section below.

Program Changing From: _____

_____ **Degree**   _____ **Certificate**   _____ **Diploma**

Program Changing To: _____

_____ **Degree**   _____ **Certificate**   _____ **Diploma**

Adding Program – If you want to add a program to an existing program.

Do you want this to be your primary program?   YES   OR   NO

Program Adding: _____

_____ **Degree**   _____ **Certificate**   _____ **Diploma**

Program Adding: _____

_____ **Degree**   _____ **Certificate**   _____ **Diploma**

Program Adding: _____

_____ **Degree**   _____ **Certificate**   _____ **Diploma**

Student Signature: _____   **Date:** _____

Staff Signatures on back

To be completed by Student Success Center Staff Member or Department Chair

Changing Catalog Year: New Catalog Year _____

Changing Program: New Program Code _____

Adding Program: Added Program Code _____
Primary: YES   OR   NO

Requirements	Status: Check Yes or No	Screen Location	Notes: If selected yes, list what is missing or what hold student has.
High School/GED Transcript Needed?	( ) YES ( ) NO	IASU	
College (s) Transcript Needed?	( ) YES ( ) NO	IASU	
Placement Test Needed?	( ) YES ( ) NO	TSUM	
Transcript Evaluation Needed?	( ) YES ( ) NO	EXTS	
Any Holds?	( ) YES ( ) NO	PERC	

Student Success Center Staff/Department Chair (Print Name): _____

Faculty Advisor/Dept. Chair/Advisor (Print Name): _____   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 by Processing

_____Program Code Changed   Date: _____   Processed By: _____

_____Transcript Evaluation, if yes above   Date: _____   Processed By: _____