

PROGRAM OF STUDY UPDATE FORM

PRESENT THIS FORM IN PERSON TO: **COLUMBUS CAMPUS** - STUDENT CENTRAL, UPPER LEVEL, MADISON HALL
DELAWARE CAMPUS - STUDENT SERVICES, MOELLER HALL

OR E-MAIL FORM TO: changeinfo@csccl.edu

OR MAIL FORM TO: COLUMBUS STATE COMMUNITY COLLEGE
ATTN: PROGRAM OF STUDY UPDATE
P.O. BOX 1609
COLUMBUS, OH 43216

PLEASE ALLOW UP TO 10 (TEN) BUSINESS DAYS FROM RECEIPT FOR PROCESSING

REQUIRED INFORMATION - PLEASE PRINT CLEARLY

NAME: _____
FIRST MI LAST

COUGARID NUMBER: _____ ☐ COLLEGE CREDIT PLUS (CCP) STUDENT

☐ PROGRAM OF STUDY CHANGE (PLEASE PRINT)

PROGRAM OF STUDY TO BE ENDED: _____
NAME OF ASSOCIATE DEGREE OR CERTIFICATE PROGRAM

NEW PROGRAM OF STUDY: _____
NAME OF ASSOCIATE DEGREE OR CERTIFICATE PROGRAM (CATALOG YEAR WILL BE UPDATED TO CURRENT YEAR)

☐ ADD A CERTIFICATE PROGRAM(PLEASE PRINT)

NEW CERTIFICATE PROGRAM: _____
NAME OF CERTIFICATE PROGRAM (CATALOG YEAR WILL BE UPDATED TO CURRENT YEAR)

☐ ADD A SECOND PROGRAM OF STUDY (PLEASE PRINT) *

*** ADDITION OF A SECOND PROGRAM OF STUDY MUST BE APPROVED BY YOUR ACADEMIC ADVISOR**

ADDITIONAL PROGRAM OF STUDY: _____
NAME OF ASSOCIATE DEGREE OR CERTIFICATE PROGRAM (CATALOG YEAR WILL BE UPDATED TO CURRENT YEAR)

ACADEMIC ADVISOR APPROVAL FOR ADDITIONAL PROGRAM:

PRINT NAME: _____

SIGNATURE (REQUIRED): _____ **DATE:** ____/____/____

NOTE TO FINANCIAL AID RECIPIENTS: Degree and/or Certificate changes may affect eligibility for federal student aid. Please check with Student Central and/or your Academic Advisor for information.

By signing this form I agree to the above changes.

STUDENT SIGNATURE (REQUIRED): _____ **DATE:** ____/____/____

FOR OFFICE USE ONLY

Date received: ____/____/____ **Date processed:** ____/____/____ ☐ PERC Code Added

Processed by (Please print): _____

Signature: _____