

# GTCC PROGRAM CHANGE FORM

**Mail: Guilford Technical Community College, PO Box 309, Jamestown, NC 27282 Fax: 336-458-2359**

**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 <b>one</b> )	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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**To be completed by Processing**

\_\_\_\_ Program Code Changed                      Date: \_\_\_\_\_                      Processed By: \_\_\_\_\_