Program Change Form

Last Name _____ **First Name** _____ **MI** ____

Last four of SSN ☐☐☐☐ **Student ID** ☐☐☐☐☐☐☐ **DOB** ☐☐ / ☐☐ / ☐☐☐☐

Term (select one): ☐ Summer ☐ Autumn ☐ Spring **Academic Year:** ☐☐☐☐

Steps to Change Programs

1. Review the Hocking College academic programs on the Hocking College website under the "Majors" link at **www.hocking.edu/majors**.
2. Run a degree audit to learn what requirements you will lack and what requirements you have already met for the new major. In Self-Service, click on "My Progress" and click on "View a New Program" to to view progress.
3. Download and email completed Program Change Form to the Registrar's Office (JL 184) at **registrar@hocking.edu**.

Student Information

To change your program you must be a currently enrolled student. You are limited to two active programs. List your program(s) below. Any other active programs currently on file for you will be deactivated. Changes are effective the day entered into the system by a college official. (Please Note: some programs have additional enrollment requirements. Contact the academic department for more information.) The program will follow the catalog year in effect at the time this form is completed.

_____ _____

Primary Program (Want to be in) **Secondary Program (if applicable)**

When changing your program, your eligibility for financial aid and veteran/military benefits may be affected. Prior to submitting a Change of Program, you are encouraged to consult with Financial Aid and Veteran's Affairs

Conditions of Acceptance

Please read the following conditions below and provide your initials next to each line indicating your understanding of each statement and your acceptance.

_____ I understand that changing my program of study, may affect financial aid eligibility. If I change my program after classes begin, I may be responsible for paying back aid.

_____ I understand that changing my program of study, may affect my veteran's/military benefits. If I change my program after classes begin, I may not be eligible for all benefits.

_____ I understand that changing my program of study, does not automatically change my course registration. I will need to work with an advisor to determine my new schedule for the term.

_____ I understand it is my responsibility to work with my new academic department and to understand the requirements of my new degree program.

_____

Student Signature **Date**

Please acknowledge and sign electronically above. By entering your signature above, you certify your consent to this action.