



PROGRAM/PLAN CHANGE FORM

ENROLLMENT SERVICES
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All sections must be completed

CTCLink ID NUMBER:

**ADMIT
TERM:**

Summer

Fall

Winter

Spring Year:

**CURRENT NAME IN
CTCLINK:**

_____ Last

_____ First

_____ MI

**CURRENT PROGRAM/
PLAN**

**NEW PROGRAM/
PLAN**

**SECONDARY
PLAN**

Explain below why you are changing your program/plan. Include the name of your advisor and date you talked with them.

STUDENT'S SIGNATURE:

DATE:

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