

Change of Degree / Program of Study / Major Request

First Name	Middle Name	Last Name
Birthdate	Last 4 digits of SSN	Banner Student ID number

Email address: _____ Phone Number: (_____) _____ - _____

Current Program of Study (Major): _____

New Program of Study (Major): _____

*Declaration of the following programs requires a student's signed acceptance letter to accompany this form: Cosmetology, Cosmetology Instructor Trainee, Esthetics, High Voltage Lineman Technology, Practical Nursing, Registered Nursing – LPN to RN Transition Program, Radiologic Technology, Registered Nursing-Traditional, or Surgical Technology

Newly Declared Program of Study Acknowledgments-- Please read each statement carefully and acknowledge each concern with initials.

_____ I acknowledge that changing from **non-degree** to **degree-seeking** student means that I must provide all required admissions items, which may include: an official transcript from the last institution I attended before ASU-Newport; a final high school transcript, if I have never been to college before; proof of immunization listing two separate doses of MMR vaccination listed 30 days apart; and college entrance scores. If I listed visiting or no degree as my current program of study, this statement applies to me. I will not be degree-seeking until I meet all requirements for general admission to the college.

_____ I acknowledge that my newly declared program of study may or may not be eligible for the exact grants, loans, or scholarships as my originally declared program of study. For example, a change from Technical Certificate Welding to Associate of Arts General Education may forfeit an AR Futures grant from the Arkansas Division of Higher Education.

_____ I acknowledge that changing my program of study may result in my already completed courses and credit hours becoming "not used" in my newly declared program. This will affect the time it takes to complete my degree. In general, changing a program negatively impacts pace and time to degree.

_____ I acknowledge that other colleges may calculate pace and time to degree differently based upon their transfer credit policies. This will matter if I transfer to another college. Ultimately, this change may negatively impact my lifetime grant and loan eligibility.

_____ I acknowledge that I should discuss this change and its implications with a financial aid administrator.

Student Signature Date

Director of Student Success / Advisor Signature Date

Financial Aid Signature Date

Registrar Signature Date

FOR OFFICE USE ONLY (registrar staff initial)

NEW ACADEMIC ADVISOR ASSIGNED IN BANNER _____
NEW ACADEMIC ADVISOR NOTIFIED VIA EMAIL _____
SFAREGS SCREEN UPDATES _____