

Change of Major - Information Form

DCCC

THE COLLEGE OF
DAVIDSON AND DAVIE COUNTIES

DCCC ID NUMBER		DATE OF BIRTH	
LAST NAME		FIRST NAME	MIDDLE INITIAL
ADDRESS		CITY	
STATE	ZIP CODE	PHONE	

Current Program/New Program Information

CURRENT MAJOR	CURRENT CREDENTIAL LEVEL <input type="checkbox"/> Associate, 2-yr. <input type="checkbox"/> Diploma, 1-yr <input type="checkbox"/> Certificate, 1-2 semesters
NEW MAJOR	NEW CREDENTIAL LEVEL <input type="checkbox"/> Associate, 2-yr. <input type="checkbox"/> Diploma, 1-yr <input type="checkbox"/> Certificate, 1-2 semesters
ARE YOU CURRENTLY RECEIVING FINANCIAL AID? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reasons for Change - Please Choose at least one

- | | | |
|---|--|--|
| <input type="checkbox"/> New program is a better fit | <input type="checkbox"/> Changing to a higher credential | <input type="checkbox"/> Financial Aid reasons |
| <input type="checkbox"/> Wrong program listed on original application | <input type="checkbox"/> Want to transfer to a 4-year university | <input type="checkbox"/> Academic concerns in my current major |
| <input type="checkbox"/> Other: | | |

READ THE FOLLOWING INFORMATION BEFORE SIGNING THIS FORM

- Please allow five (5) business days for your major change to be completed
- Confirmation of your change of major will be provided through your DCCC student email address

Changing your major may have an impact on:
- Your progress toward graduation
- Your Financial Aid eligibility

My signature below acknowledges I have read and understand the impact of changing my major and any further steps I should take.

Student signature: _____ Date: _____

Advisement Center / Admissions Staff - Recommendations for follow-up

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Program Change Ready | <input type="checkbox"/> Visit Career Development Center | <input type="checkbox"/> Visit Financial Aid | <input type="checkbox"/> Visit Admissions |
| <input type="checkbox"/> Other: (Explain below) | <input type="checkbox"/> No follow-up needed | | |

Effective Term: Fall Spring Summer Effective Year: _____

New Advisor: _____

Staff signature: _____ Date: _____

College Use Only

Processed by: _____

Date: _____