



Change of Matriculation Form

Change of Degree Program within the Institution
Office of the Registrar

Student ID#: _____

Student Name: _____

Current program of study: _____

New requested program of study: _____

Effective: Fall Spring Summer Year: 20_____

Student Signature

Date

Approval of Student Request for New Program of Study

Signature Department Chair of current program

Date

New advisor assigned: _____

Department Chair of program matriculating into

Date

Please submit any supportive documentation if needed concerning WJC courses to be used

Submit completed forms to the Registrar's Office