



## 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**