GERMANNA
COMMUNITY COLLEGE

REQUEST TO CHANGE PROGRAM OF STUDY

Student Full Legal Name (Please Print)		Preferred Phone Number
First Name Middle Initial Last Name		( )

Germanna Student ID Number							Current Term (Please Check)	Current Year
							Fall ☐ Spring ☐ Summer ☐	20____

Program Change Information
Click the link below for Program Codes and Information   https://catalog.germanna.edu/content.php?catoid=13&navoid=339

Program to Add (if applicable)	Program to Remove (if applicable)
Title	Title

PLEASE CHECK:

Preferred campus for advising: ☐ Fredericksburg ☐ Barbara J. Fried Center ☐ Locust Grove ☐ Daniel Tech. Center

Are you receiving GI Bill Benefits?   ☐ Yes   ☐ No

Are you receiving Financial Aid?   ☐ Yes   ☐ No

Student Email Address:_____@email.vccs.edu

Student Signature: _____ Date: _____

PLEASE NOTE: All program changes received after the last date to drop with a refund will not be changed until the following semester. In addition, all program of study changes will prompt the system to reassign you to an advisor in your new program.

FOR OFFICE USE ONLY:
Processed by:_____ Date: _____

Submit to Admissions and Records. Allow up to 5 business days for processing.