



CHANGE OF PROGRAM / PLAN

NON-DISCRIMINATION STATEMENT: Clover Park Technical College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. For inquiries, please contact Title IX coordinator James Neblett, Associate Vice President for Human Resources & Culture, 253-589-5533, james.neblett@cptc.edu; or Section 504/disability coordinator Melissa Medina, Manager of Student Disability Services, 253-589-5755, melissa.medina@cptc.edu. All offices are located in Building 17, 4500 Steilacoom Blvd SW, Lakewood, WA 98499.

*Required

PROGRAM MAP		ctcLink ID # *	Previous SID # (if applicable)
<p>A Program Map (education plan) for your new program/plan is required. If you do not have one, you may still submit your change request; however, a registration block may be placed on your account until you obtain one.</p> <p>Obtain your Program Map from Advising & Counseling or Entry Services (Welcome Center) in Building 17, Lakewood Campus.</p>		<p>Do you have a Program Map for your <u>new</u> program/plan? * (AAB)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

PERSONAL INFORMATION			
First Name *	Middle Name	Last Name *	Previous Last Name(s)
Date of Birth (mm/dd/yyyy) *	Email Address *		

ADDRESS & CONTACT INFORMATION
<p>Do you need to update your address or contact information? You may update your information by:</p> <ul style="list-style-type: none"> Logging into your ctcLink Student Homepage account (www.cptc.edu/mycc) Submitting an online Change of Information Form (www.cptc.edu/esforms) Enrollment Services Office, Building 17, Lakewood Campus (http://www.cptc.edu/enrollment-services for hours)

PROGRAM/PLAN INFORMATION		
CURRENT PROGRAM / PLAN	<p>Award Type *</p> <p><input type="checkbox"/> Certificate High School Diploma/Completion</p> <p><input type="checkbox"/> Associate Non-Award Seeking</p> <p><input type="checkbox"/> Baccalaureate Other</p>	<p>Have you started this program? *</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, which quarter did you start?</p> <p><input type="checkbox"/> Fall <input type="checkbox"/> Spring</p> <p><input type="checkbox"/> Winter <input type="checkbox"/> Summer Year _____</p>
	<p>Plan of Study *</p>	
NEW PROGRAM / PLAN	<p>Award Type *</p> <p><input type="checkbox"/> Certificate High School Diploma/Completion</p> <p><input type="checkbox"/> Associate Non-Award Seeking</p> <p><input type="checkbox"/> Baccalaureate Other</p>	<p>Have you started this program? *</p> <p><input type="checkbox"/> No, which quarter do you plan to start?</p> <p><input type="checkbox"/> Yes, which quarter did you start?</p> <p><input type="checkbox"/> Fall <input type="checkbox"/> Spring</p> <p><input type="checkbox"/> Winter <input type="checkbox"/> Summer Year _____</p>
	<p>Plan of Study *</p>	

TRANSFER OF CREDIT & FUNDING SOURCE	
<p>Are you changing your program because you are completing your degree/certificate and want to start a new program? * (Forward copy to Evaluator)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you previously been awarded transfer of credit? * (Forward copy to Evaluator)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are you currently receiving financial aid or another funding source? * (Forward copy to funding source)</p> <p><i>It is recommended you check with your funding source before changing your program/plan to find out if this change will affect your funding eligibility.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing this form, you acknowledge that you have read and understood this form in its entirety.

ACKNOWLEDGEMENT	
Student Signature *	Date *