

# **Program of Study Change Form**

## **Associate Degree**

### **ATLANTA METROPOLITAN STATE COLLEGE Center for Academic Advising & Success (CAAS)**

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#### **Directions**

Please complete the **top half of the form only**. Please take this form to the receiving Division Dean or Department Head of the corresponding program of study for signature.

**\*Students are encouraged to change their program of study during periods of early registration only\***

Trailblazer ID#: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Current Program of Study/Major: \_\_\_\_\_

New Program of Study/Major: \_\_\_\_\_

 **By signing below I fully understand the academic and fiscal consequences that may result from changing my program of study/major. I authorize this change.**

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

#### **Office Use Only**

\_\_\_\_\_  
Assigned Faculty Advisor (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Dean's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAAS' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Registrar's Office Signature

\_\_\_\_\_  
Date