

Add/Change Program

Last Name: _____ First Name: _____ M.I.: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Phone Number: _____

Cell phone carrier: US Cellular Verizon AT & T Tracfone Other _____ Text Updates: Yes No

Student ID #: _____ Email address: _____

Advisor: _____ Current Program of Study: _____

Change program of study from _____ to _____

Certificate Diploma Associate Degree

OR

Additional program of study (If you are adding to your existing program)*: _____

Certificate Diploma Associate Degree

NOTE: The following Programs require a Student Disclosure of Criminal Convictions Form (SDCCF) to be completed before adding: Criminal Justice, Early Childhood Education, Education, Human Services, Medical Assisting, and Phlebotomy. Please attach completed SDCCF to this form. The following programs require additional immunizations for Hepatitis B, Varicella, and Purified Protein Derivative (PPD): Medical Assisting and Phlebotomy. Please attach completed immunization documentation to this form.

Please submit completed form to Anne Donahue, Coordinator of Enrollment & Student Services.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Coordinator of Enrollment & Student Services: _____ Date: _____

For Office Use Only

Processed: _____
Initials Date

Non-Discrimination Policy: *Washington County Community College is an equal opportunity/affirmative action institution and employer. For more information; please call Tatiana Osmond, Affirmative Action Officer, at 454-1094.*