



SNOW COLLEGE

REGISTRAR'S OFFICE

CHANGE OF PROGRAM / MAJOR FORM

INSTRUCTIONS.

1. Use this form to change or add degrees/programs, majors, emphases, or concentration.
2. If you are *changing* or replacing your degree/program, major, emphasis, or concentration, please fill out the "To Change Your Matriculation" section. ONLY FILL OUT WHAT YOU ARE CHANGING.
3. If you are *adding* a program, major, emphasis, or concentration, please fill out the "To Add a Program, Major, and/or Concentration" section.
4. Please note, students must be admitted into the AFA, ASN, BMCM, BSSE, and Certificate of Completion in Practical Nursing programs by the department. If you are seeking to matriculate into one of these programs, please contact the department and get the department chair's signature before submitting this form.

TO CHANGE YOUR MATRICULATION.

Program: <input type="checkbox"/> AA <input type="checkbox"/> AAS <input type="checkbox"/> AFA <input type="checkbox"/> APE <input type="checkbox"/> AS <input type="checkbox"/> ASB <input type="checkbox"/> ASN <input type="checkbox"/> BMCM <input type="checkbox"/> BSSE <input type="checkbox"/> Other: _____	Major: _____ Emphasis: _____	Explanation:
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TO ADD A PROGRAM, MAJOR, AND/OR CONCENTRATION.

Program: <input type="checkbox"/> AA <input type="checkbox"/> AAS <input type="checkbox"/> AFA <input type="checkbox"/> APE <input type="checkbox"/> AS <input type="checkbox"/> ASB <input type="checkbox"/> ASN <input type="checkbox"/> BMCM <input type="checkbox"/> BSSE <input type="checkbox"/> Other: _____	Major: _____ Emphasis: _____	Explanation:
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REQUIRED SIGNATURE(S).

Student's Name: _____	ID: _____
Student's Signature: _____	Date: _____
Department Chair:* _____	
Chair's Signature:* _____	Date: _____

* Students seeking to matriculate into the AFA, ASN, BMCM, BSSE, and CERT-C Practical Nursing programs must get the department chair's signature.