



GADSDEN STATE COMMUNITY COLLEGE

MAJOR CHANGE REQUEST

Return this completed form to the Admissions and Records Office, or scan and email from your Gadsden State email account to records@gadsdenstate.edu.

Student Name: _____ Student ID (A#): _____

Email: _____ Phone Number: _____

Current Major/Program of Study: _____

See the College catalog for a list of degrees and majors.*

**Please note that all major changes will be effective for the following semester unless specifically requested to be changed to the current semester due to Financial Aid eligibility reasons.*

New Degree: A.S. Degree A.A.S. Degree Certificate Short Term Certificate

New Major/Program of Study: _____

New Concentration (for General Studies only): _____

Are you receiving financial aid? Yes No

***Please note that classes taken outside of your program of study/major may not be covered by financial aid.*

Have you applied for Graduation? Yes No If yes, what term? _____

Student's Signature*** _____ Date: _____

****By signing, I acknowledge and understand that by changing my program of study, my academic catalog term will be changed and will make me subject to graduation requirements based on the current Gadsden State Community College Catalog.*

Separate acceptance is required for the following programs and must be approved with the Program Director's Signature:

Registered Nursing
Diagnostic Medical Sonography
Emergency Medical Services

Medical Laboratory Technology
Radiologic Technology

Program Director _____ Date: _____

Records Office	
Processed by: _____	Date: _____