Request to Change Program of Study

PimaCommunityCollege

Student Name: _____ _____ _____
First Middle Last

Student ID No.: _____ Pima Email: _____@mail.pima.edu

Date of Birth: _____ Preferred Phone No.: _____

Program of Study changes can be made up to the first day of the current term. After the term starts, changes will be entered for the next term.

☐ **I have transfer credits that have been evaluated or are pending evaluation.**

Review the following statements. Check and initial to acknowledge those that apply:

☐ **I am receiving or plan to receive federal financial aid.** **INITIAL HERE:** _____

Changes to your program of study may impact your eligibility to receive federal financial aid or other forms of financial assistance. You are responsible for consulting with your academic and financial aid advisor prior to requesting a change to your program of study.

☐ **I receive or plan to receive Veterans' Educational Benefits.** **INITIAL HERE:** _____

Changes to your program of study may impact your eligibility to receive Veterans' Educational Benefits. You are responsible for consulting with your Veterans Services advisor prior to requesting a change to your program of study.

☐ **I am an international student studying in the United States on an I-20 Visa.** **INITIAL HERE:** _____

Changes to your program of study may impact the validity of your I-20 Visa. You are responsible for meeting with an International Student Advisor at the West Campus Center of International Education and Global Engagement prior to requesting a change to your program of study.

Use the College Catalog to identify your program title and concentration codes to complete the section below. Upon changing your program of study, you will be placed in the current catalog of record unless otherwise indicated below.

Note: *Graduation requirements are based on the program requirements listed in the student's catalog of record. These requirements may differ from the ones listed on the web display or other program publications. If you have questions regarding the catalog of record that is best for you, use the "What if" feature on MyDegreePlan or see an advisor.*

Associate or Certificate	Program Title	Concentration (If required)	Program and Concentration Code	Catalog of Record
(Example) AAS	*Example Title*	*Example Studies*	*AASXAMPLE/XMPL*	*2018-19*

Seeing an advisor is not required to change your program of study. It is highly recommended that you do see an advisor if you have questions about your financial assistance, catalog of record, career options and transfer opportunities.

Student's signature: _____ Date: _____

Form Submission Options

- Use the Registrar File Upload on your MyPima portal
- Scan and email: registrar@pima.edu
- Take it to a campus Student Services Center
- Mail to: Pima Community College
  Office of Enrollment Services/Registrar
  4905B E. Broadway Blvd.
  Tucson, AZ 85709-1120

For office use only: ☐ **Catalog eligibility verified** ☐ **Entered in SPACMNT**