

**JEFFERSON COMMUNITY COLLEGE  
WATERTOWN, NY 13601**

**MATRICULATION CHANGE REQUEST FORM**

**Instructions:** Please complete the information below; obtain the appropriate signature and return this form to the Student Records Office, Jules 6-024 **by the 10<sup>th</sup> day of classes** in the semester for which the change is to be made.

**Student Name:** \_\_\_\_\_ **Student ID Number:** \_\_\_\_\_  
(Please Print)

Change to be effective for: \_\_\_ Fall \_\_\_ Winter \_\_\_ Spring \_\_\_ Summer Year: \_\_\_\_\_

**Program currently/previously enrolled in:**

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

Degree: \_\_\_ A.S. \_\_\_ A.A. \_\_\_ A.A.S. \_\_\_ CERT

**New Program to which you seek matriculation:**

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

Degree: \_\_\_ A.S. \_\_\_ A.A. \_\_\_ A.A.S. \_\_\_ CERT

\*Math/Science, OTEC, HAT, BUS Potsdam and Childhood Education majors, please indicate concentration: \_\_\_\_\_

Please provide reason for requesting a change in matriculation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have discussed my desire to change my matriculation with an advisor and am aware of any impact this change could have on my expected graduation date or future academic/career plans.

My expected graduation date for this new program is: Term: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Authorized Signature

\_\_\_\_\_  
Date

\*Must be signed by the Associate VP of the new program or by the Advising Center Director or by an authorized advisor

Please refer to the current Jefferson Community College catalog for information on approved programs of study.