

J# \_\_\_\_\_

## Additional, Concurrent Matriculation Request Form

Jefferson Community College, Watertown, NY

**Instructions:** Please complete the information below; obtain the appropriate signatures 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 Neatly)

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

### Primary Program:

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: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_  
Month Year

### Secondary Program:

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: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_  
Month Year

Please provide reason(s) for making this request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Required Signatures

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

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

\_\_\_\_\_  
Student Records \_\_\_\_\_  
Date Processed

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

**NOTE: A minimum of 15 residency credit hours must be successfully completed for each additional degree or certificate. Individual Studies must be the primary degree unless a certificate program is primary.**

Please refer to the current Jefferson Community College catalog for information on approved programs of study and guidelines for matriculation in additional/concurrent degree/certificate programs.