

JEFFERSON COMMUNITY COLLEGE
WATERTOWN, NY 13601

MATRICULATION CHANGE REQUEST FORM

Instructions: Please complete the information below; obtain signature of an Associate Dean or Advising Center Director, then sign and return this form to the Registrar's Office. **Students intending to change matriculations in a given semester must submit this form by the end of the 10th day of classes in that semester.**

Student Name: _____ **Student ID Number:** _____
(Please Print)

Change to be effective for: ___Fall ___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 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 Dean of the new program or by the Advising Center Director

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