



CHANGE OF PROGRAM MATRICULATION / DUAL MATRICULATION REQUEST FORM

This request is for current students that wish to change their current Primary Academic program or add a Secondary Academic program at the College. Secondary Academic programs are not allowable unless there is intent to complete both programs.

Student ID / J Number:

Today's Date:

Student Name:

Effective Term:

Date of Birth:

Phone Number:

Current Primary Academic Program of Study: _____

Degree/Credential: A.S. A.A. A.A.S. A.O.S. CERT MICR

New Primary Academic Program of Study: _____

Degree/Credential: A.S. A.A. A.A.S. A.O.S. CERT MICR

Childhood Education programs and Natural Sciences must specify concentration- _____

(Childhood Education: Biology, Chemistry, English, Geology, History, Physics)

(Natural Sciences: Allied Health Biological Sciences or Physical Science)

***If you are receiving SUNY Reconnect funding, Reconnect Advisor Signature Required:**

Reconnect Advisor Printed Name & Signature: _____ Date: _____

New Secondary Academic Program of Study (If Applicable): _____

Degree/Credential: A.S. A.A. A.A.S. A.O.S. CERT MICR

Childhood Education programs and Natural Sciences must specify concentration- _____

(Childhood Education: Biology, Chemistry, English, Geology, History, Physics)

(Natural Sciences: Allied Health Biological Sciences or Physical Science)

Department Chair Printed Name and Signature: _____ Date: _____

**(Required if requesting Dual Program. Not required if adding a microcredential.)*

Note: All requests are processed for a future term unless special circumstances apply.

Expected Graduation Date for the New Primary Program: May August December 20_____

I have discussed my desire to change my degree program with an authorized school official and am aware of any impact this change could have on my financial obligations, expected graduation date, and/or future academic/career plans. Furthermore, I understand that changes to my schedule, including program changes, may affect financial aid eligibility and billing. Any unpaid financial obligations may be referred to an external collection agency. Students will be responsible for all associated collection fees and legal costs, which will be added to the total amount owed.

Student Signature: _____

Date: _____

Advisor Printed Name *if not completing electronically:* _____

Advisor Signature: _____

Date: _____