



# PROGRAM OF STUDY CHANGE FORM

(Counselor, working with student, completes form, obtains student's signature, signs form, and forwards to Welcome Center.)

Advisor: \_\_\_\_\_

Currently Enrolled at PVCC: ( ) Yes ( ) No Effective semester for change: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial Former Name Used

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
**Old Program of Study** **New Program of Study**

Counselor Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature / Date Counselor Signature / Date

**FOR OFFICE USE ONLY:** \_\_\_\_\_  
**Date Recorded**