

Please Print

Date: _____

Student's Name: _____
(last) (first) (middle)

Address: _____

Telephone Number: _____

Email Address: _____

Social Security Number: _____

Present Curriculum: _____

Present Advisor: _____

New Curriculum: _____

Degree Seeking: Please circle one: A.A. A.S. A.A.S. Certificate

Effective Term: _____

Internet Academy Only Yes No

Anticipated Graduation Date/Term: _____

Special Notes:

- This action may affect your academic standing, the time required to graduate or your financial aid. If you need assistance, please contact your faculty advisor.

Reason for Change: _____

Student Signature: _____

Counselor's Signature: _____

As a result of this curriculum change, your faculty advisor has been changed to:

Name: _____

Office: _____

Location: _____

CC: Registrar's Office/File
Advisement Center
Student

Please mail or fax completed form to:
HCCC Advisement Center
100 Reservoir Rd.
Herkimer, NY 13350
FAX NUMBER: (315) 866-0402