CURRICULUM (MAJOR) CHANGE FORM

*for more information, consult the Student Handbook/College Catalog

PLEASE PRINT

Date: ____________________________ College ID Number: H __________

Student’s Name: ____________________________

(Last) ____________________________ (First) ____________________________ (Middle) ____________________________

Student’s Address: __________________________________________________

Please indicate if above address is: Permanent ☐ Local ☐

Telephone numbers: ____________________________ C: ____________________________

H: ____________________________

Check one: ____________________________

Internet Academy Student ☐ On Campus Student ☐

Present Curriculum (Major): __________________________________________________

Present Advisor: __________________________________________________

New Curriculum (Major): __________________________________________________

Degree Seeking: (Check one) A.A ☐ A.S ☐ A.A.S ☐ Cert. ☐

Concentration/Emphasis: __________________________________________________

Effective Term: __________________________________________________

Anticipated Graduation Date/Term: __________________________________________

Reason for Change: __________________________________________________

Special notes:

- Effective Fall 2009—students will be allowed one curriculum change free of charge. Each subsequent Curriculum Change form will result in a fee of $25.00.
- This Curriculum Change may impact your academic standing, the time required to graduate, and/or your financial aid. If you need assistance, please contact your faculty advisor.
- There are Admission requirements before entry into the following program: Physical Therapist Assistant. If you have questions regarding these requirements, please contact the Admissions Office.
- Please mail or fax completed form to:
  HCCC Advisement Center, 100 Reservoir Rd. Herkimer, NY 13350
  FAX Number: (315) 866-8351

Student Signature: __________________________________________________

Advisor’s Signature: ____________________________________________ Date: _________

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

Name: ____________________________ Building/Office: ____________________________

Office Use only
Curriculum Change # 1 2 3 4 5 6
Fee processed ______

Rev- 9/2009 Adv