Plan Change Request Form

Last Name:	First Name:	Middle Initial:
EMPL ID:	Date:	

I want to change my plan to:

Plan Code (refer to catalog if unknown):

Effective Term (Check One): ☐ Summer 2025   ☐ Fall 2025   ☐ Spring 2026

I want to add an additional plan:

Plan Code:

Effective Term (Check One): ☐ Summer 2025   ☐ Fall 2025   ☐ Spring 2026

I want to add an additional plan:

Plan Code:

Effective Term (Check One): ☐ Summer 2025   ☐ Fall 2025   ☐ Spring 2026

I want to add an additional plan:

Plan Code:

Effective Term (Check One): ☐ Summer 2025   ☐ Fall 2025   ☐ Spring 2026

Please remove plan(s):

Note: Requests made after the last day to drop in the current term will be processed for the upcoming term.

REQUIRED:

Student Signature*:

Advisor Signature: _____   Advisor Print Name: _____

New Student or Non-Curricular Student: New Student Advisor   Returning Student: Program or Faculty Advisor

*Student signature not required if adding only CSCs that fall within the corresponding associate degree.

*Student signature not required if change is requested only because Engineering student has not successfully completed MTH 167 with a grade of C or better.

To be completed by Registrar's Office: (HEALTH PROFESSIONS - SEND TO PAM WOODY)

Processed By:		Date: