STUDENT CHANGE OF MAJOR FORM
Vermilion Community College

Student Name_________________________________ ID#________________
(Please Print)

Things to Note:
• To remain eligible for financial aid, students must be seeking and have declared a financial aid eligible program.
• For certain diploma and certificate programs, the federal government requires us to provide, and students to read, a Gainful Employment Disclosure. You will be asked to acknowledge that you have read this disclosure if declaring one of these programs (GBUS, WTRO, LNDC, BACK, WECO, OUTC, SPRT, FEMT). Students required to, but who have not yet acknowledged reading this disclosure, will be blocked from registering for classes.

1) Please make the change(s) to be requested below effective this semester:

   FALL _____ SPRING____ SUMMER____ CALENDAR YEAR: 20__________

2) Please ADD this Program Major for this Catalog Year (year listed on checksheet):

   (Program Major)   (Award – AA, AS, AAS, Diploma, or Certificate)   (Catalog Year)
   (Program Major)   (Award – AA, AS, AAS, Diploma, or Certificate)   (Catalog Year)

   □ I am now pursuing a diploma or certificate requiring me to read a Gainful Employment Disclosure.

3) Effective today (end date), I am no longer pursuing the following Program Major:

   (Program Major)   (Award – AA, AS, AAS, Diploma, or Certificate)
   (Program Major)   (Award – AA, AS, AAS, Diploma, or Certificate)

   □ Because I changed my major, my new advisor is: ______________________

4) For my currently declared program, please change my (DARS / checksheet year) Catalog Year to:

   (Program Major)   (Award – AA, AS, AAS, Diploma, or Certificate)   (Catalog Year)
   (Program Major)   (Award – AA, AS, AAS, Diploma, or Certificate)   (Catalog Year)

By signing below, I authorize the changes above to be posted to my academic record. If I am adding or switching to a diploma or certificate with a Gainful Employment Disclosure, I also acknowledge with my signature below that I have read the applicable Gainful Employment Disclosure.

Student’s Signature_________________________________ Date________

Advisor’s Signature_________________________________ Date________

Records Office Staff Signature__________________________ Date________

Revised 4-13-18