



PROGRAM CHANGE/ADD/DROP FORM

Student's Name: _____
Last First Middle Initial

Student ID #: _____ Date of Birth: ____/____/____ Ph: _____

Spring Summer Fall Year: _____

CURRENT PROGRAM

Area of Study	Specific Degree
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NEW/ADD PROGRAM

Area of Study	Specific Degree
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DROP PROGRAM

Area of Study	Specific Degree
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Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____

This form should be turned into the Student Services Office or emailed to registrar@milescc.edu.

Additional Signatures - Office Use Only

Financial Aid Department: _____
(Required if receiving Financial Aid/Veterans' Benefits) Date

VA Rep: _____
(Required for all degree changes) Date

FOR SCHEDULE CHANGES:
 Credits Before: _____
 Credits After: _____
 Processed Date: _____
 Processed By: _____

REVISED 2023