



CONNORS
— STATE COLLEGE —

Plan of Study Change Request

Student's Name: _____ Student ID Number: _____
Last First Middle Initial

Previous Plan of Study: _____

Current Plan of Study: _____ Concentration: _____

Type of Degree:

Associate of Science Associate of Arts Associate of Applied Science Certificate

To change my plan of study, I understand that I must be currently enrolled at Connors State College and submit the completed form to the Admissions Office before the change can occur. I understand that I may change my plan of study at any time during the semester and that I am aware that previously completed coursework may not apply to the new degree. I understand that it is my responsibility to secure the appropriate degree plan, discuss the change with my advisor, and follow the courses as outlined. I understand that my most recent plan of study request will be the basis for graduation.

Student's Signature: _____ Date: _____
Processed By: _____ Date: _____

Last updated 7/10/2019