

PROGRAM/ADVISOR CHANGE REQUEST

SOUTHWEST VIRGINIA COMMUNITY COLLEGE
ADMISSIONS OFFICE
PO BOX SVCC, RICHLANDS, VA 24641
276.964.7238 or 800.822.7822

STUDENT SECTION:

Name: _____
Last Name First Name Middle

EMPLID or SSN: _____ Phone #: _____

Address: _____
Box or Street Number City State Zip

High School: _____ Year Graduated: _____ GED: _____

Current Program: _____ New Program: _____

Reason for the change: _____

Today's Date: _____ Effective term of change: _____ Semester, 20____

Student Signature

**** Note:** If you are interested in one of the Allied Health Programs (Practical Nursing, RN Nursing, Occupational Therapy, or Radiography) you have to complete a separate application for that program in order to be considered.

STUDENT DEVELOPMENT SERVICES SECTION:

SDS Personnel Signature Date

Student meets qualifications for new program: _____ English _____ Math

Student needs: _____ assessment: _____ other

ADMISSIONS OFFICE SECTION:

Curriculum change recorded by _____ on _____ (Date)

New Advisor: _____ Former Advisor (note change): _____