

## Southwest Virginia Community College Admissions Office PO Box SVCC, Richlands, VA 24641

PH: 276.964.7238 FAX: 276.963.3450

## PROGRAM / PLAN / ADVISOR CHANGE REQUEST

| Please print informatio                                   | n below:    |                |                 |              |         |
|---|-------------|----------------|-----------------|--------------|---------|
| Name:Last Name  |             | First Name     |                 | Middle       |         |
| Emplid or SSN:  |             | Phone No:      |                 |              |         |
| High School:  |             | Year Graduated | l:              | _ GED:       |         |
| Effective Term of Cha                                     | ange:Fall _ | SpringSumm     | ner 20          | _            |         |
| Current Plan(s)   |             | New Plan(      | <mark>s)</mark> |              |         |
| 1.  |             | 1.             |                 |              |         |
| 2.  |             | 2.             |                 |              |         |
|   |             | •              |                 |              |         |
| Signature   |             |                | Date            |              |         |
| NOTE: If you are interested separate Allied Health Care A |             |                |                 |              | plete a |
| Admissions Office Use Only                                |             |                |                 |              |         |
| Plan Code(s)  | Advisor(s)  |                | Processed (s    | staff/date)  |         |
|   |             |                |                 |              |         |
|   |             |                |                 |              |         |
|   |             |                |                 |              |         |
|   |             |                |                 | Revised 9/17 |         |