



# Alexander College

Office of the Registrar

Email: registrar@alexandercollege.ca

Tel.: (604) 435-5815

Fax: (604) 435-5895

## CHANGE OF PROGRAM REQUEST FORM

### Student Information

Student's First Name

Student's Last Name (family name)

Student ID Number

--	--	--	--	--	--	--	--	--	--	--

### Policy and Procedure



Students may request to change their program of study at any time during the academic year, subject to availability and provided they meet the requirements of the program requested. General and specific program requirements are available in the Alexander College Academic Calendar.

Requests are normally completed within 2 business days.

### Request Details

Current Program

Program Requested

University Transfer Program

Associate of Arts Degree

**Concentration Areas:**

Associate of Arts (Business) Degree

Associate of Arts (Economics) Degree

Associate of Arts (Psychology) Degree

Associate of Arts (Sociology) Degree

Associate of Science Degree

### Authorization

Student Signature

Date (DD - MMM - YYYY)

### OFFICE USE ONLY

Program Changed as Requested?

Yes

No If no, specify reason: \_\_\_\_\_

Officer Signature

Date (DD - MMM - YYYY)