



# 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

- |   |  |
|---|--|
| <input type="checkbox"/> University Transfer                    | <input type="checkbox"/> Associate of Science Degree (General) |
| <input type="checkbox"/> Associate of Arts Degree (General)     | <input type="checkbox"/> Associate of Arts (Psychology) Degree |
| <input type="checkbox"/> Associate of Arts (Business) Degree    | <input type="checkbox"/> Associate of Arts (Psychology) Degree |
| <input type="checkbox"/> Associate of Arts (Economics) Degree   |  |
| <input type="checkbox"/> Associate of Arts (Mathematics) Degree |  |
| <input type="checkbox"/> Associate of Arts (Psychology) Degree  |  |
| <input type="checkbox"/> Associate of Arts (Sociology) 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)