Email: studentrecords@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 prog	ram requested. General and specific program req	uirements are available in the Alexander College
Academic Calendar.		
Requests are normally completed within 2 business days.		
Request Details Current Program		
can entriogian.		
Program Requested		
☐ University Transfer		
☐ University Transfer		
☐ Associate of Arts Degree (General)	☐ Associate of Scie	nce Degree (General)
☐ Associate of Arts (Business) Degree	☐ Associate of Scie	nce (Computer Science) Degree
☐ Associate of Arts (Economics) Degree	☐ Associate of Scients	nce (Mathematics) Degree
☐ Associate of Arts (Mathematics) Degree		
☐ Associate of Arts (Psychology) Degree		
☐ Associate of Arts (Sociology) Degree		
Authorization Student Signature	Date (DD - MMM - YYYY)	
Student Signature	Date (UD - IVIIVIIVI - TTTT)	
OFFICE USE ONLY		
Program Changed as Requested?	Officer Signature	
☐ Yes		
☐ No If no, specify reason:	Date (DD - MMM - YYYY)	
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