

Office of the Registrar 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)	Studen	t ID Nur	mber					
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## **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	Associate of Science Degree (General)
Associate of Arts Degree (General)	Associate of Science (Computer Science) Degree
Associate of Arts (Business) Degree	Associate of Science (Mathematics) Degree
Associate of Arts (Economics) Degree	
Associate of Arts (Mathematics) Degree	
Associate of Arts (Psychology) Degree	
Associate of Arts (Sociology) Degree	

	Authorization
Date (DD - MMM - YYYY)	Student Signature

OFFICE USE ONLY				
Program Changed as Requested?	Officer Signature			
□ Yes				
No If no, specify reason:	Date (DD - MMM - YYYY)			

Alexander College is committed to using personal information we collect in accordance with the Personal Information Protection Act (PIPA). By providing personal information on this form, you consent to have the College use the information solely for the purposes of providing academic and student support services. The full College policy is available online at http://www.alexandercollege.ca. Rev. 09/2021