

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 na	ame)	Student ID Number							
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	I.			<u> </u>				·		
Policy and Procedure										
Students may request to change the and provided they meet the require available in the Alexander College A	ements of the program or o									
Requests are normally completed within 2 business days.										
Request Details Current Program (and Concentration, if applicable)										
Requested Program (and Concentration, if applicable)										
Associate of Arts Degree Concentrations (select one) Associate of S		Associate of Scien	ce Deg	ree C	Conce	ntrati	on <i>(se</i>	lect o	ne)	
	(select one)	☐ General-no cor					<u> </u>		,	
☐ General-no concentration				πισπ						
Business		☐ Computer Science								
☐ Business and Psychology		☐ Mathematics								
☐ Economics										
☐ International Business										
☐ International Relations ☐ Mathematics		University Transfer Program ☐ University Transfer								
☐ Psychology										
☐ Sociology										
Authorization Student Signature		Date (DD - MMM - YYYY)								
Student Signature		Date (DD - MIMIM - YYYY)								ļ
Program Admission Requirement(s) Met	OFFICE U	Officer Signature								
Yes		Officer Signature								
☐ No If no, specify:		Date (DD - MMM - YYYY)								