



Office of the Registrar

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CHANGE OF PROGRAM REQUEST FORM

Student Information

Student's First Name	Student's Last Name (family name)	Student ID Number										
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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	
Requested Program	
<p><u>Associate of Arts Degree Programs (select one)</u></p> <p><input type="checkbox"/> Associate of Arts Degree</p> <p><input type="checkbox"/> Associate of Arts (Business) Degree</p> <p><input type="checkbox"/> Associate of Arts (Business and Psychology) Degree</p> <p><input type="checkbox"/> Associate of Arts (Economics) Degree</p> <p><input type="checkbox"/> Associate of Arts (International Business) Degree</p> <p><input type="checkbox"/> Associate of Arts (International Relations) Degree</p> <p><input type="checkbox"/> Associate of Arts (Mathematics) Degree</p> <p><input type="checkbox"/> Associate of Arts (Psychology) Degree</p> <p><input type="checkbox"/> Associate of Arts (Sociology) Degree</p>	<p><u>Associate of Science Degree Programs (select one)</u></p> <p><input type="checkbox"/> Associate of Science Degree (General)</p> <p><input type="checkbox"/> Associate of Science (Computer Science) Degree</p> <p><input type="checkbox"/> Associate of Science (Mathematics) Degree</p> <p><u>University Transfer Program</u></p> <p><input type="checkbox"/> University Transfer</p>

Authorization

Student Signature	Date (DD - MMM - YYYY)

OFFICE USE ONLY

<p>Program Admission Requirement(s) Met</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No If no, specify: _____</p>	<p>Officer Signature</p> <hr/> <p>Date (DD - MMM - YYYY)</p>
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