

## Office of the Registrar

If no, specify: \_\_\_\_\_

☐ No

Email: studentrecords@alexandercollege.ca

Tel: (604) 435-5815 Fax: (604) 435-5895

## **CHANGE OF PROGRAM REQUEST FORM**

Student Information													
Student's First Name	name) Student ID Number												
		, , ,											
Policy and Procedure													
Students may request to change their program or concentration of study at any time during the academic year, subject to availability and provided they meet the requirements of the program or concentration requested. General and specific program requirements are available in the Alexander College policy manual <a href="https://alexandercollege.ca/about-us/college-policies/">https://alexandercollege.ca/about-us/college-policies/</a> 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 Science Degree Concentration (select one)											
☐ General-no concentration		☐ General-no concentration											
☐ Economics ☐ International Relations		☐ Computer Science											
		☐ Mathematics											
☐ Mathematics	Students admitted to Alexander College's Associate of Science degree												
☐ Pre-Social Work	must still meet individual course prerequisites. Prospective students should become familiar with the course requirements for their												
☐ Psychology	nology			intended program or concentration by consulting individual course descriptions and/or meeting with Academic Advising to review specific									
☐ Sociology		prerequisite requ	iiremen	ts.									
Note that the Associate of Arts degree program is currently accesstudents qualified for direct entry and who are not currently unresolved provisional or conditional admission status.													
		☐ University Tra	ansfer										
Authorization													
Student Signature		Date (DD - MMM - YYY	Y)										
Program Admission Requirement(s) Met	OFFICE U	SE ONLY Officer Signature											
Yes		Officer Signature											

Date (DD - MMM - YYYY)