Shoreline COMMUNITY COLLEGE

Program Update Request

Name:_____   Student ID Number_____

Last name,   *First name*   *MI*

PLEASE CHANGE MY PROGRAM INTENT / ADVISOR AS FOLLOWS:

New Program:

☐ Transfer Degree:_____

☐ Professional Degree/Certificate:_____

☐ Other:

    ☐ Multiple Pathway – Transfer Degree / Nursing

    ☐ Multiple Pathway – Transfer Degree / Dental Hygiene

    ☐ Multiple Pathway – Transfer Degree / Medical Lab Technology

    ☐ Multiple Pathway – Transfer Degree / Health Information Technology

    ☐ Multiple Pathway – Transfer Degree / Biotechnology Specialist

New Advisor Name (optional):_____

☐ Send copy to Financial Aid   ☐ Send copy to Veteran's Programs

Running Start Student?   ☐Yes   ☐No

Student Signature_____   **Date**_____

Office Use Only:

(   ) Copy sent to FA   (   ) Copy sent to VA

Staff Signature_____Date_____

Enrollment Services/Financial Aid ● 16101 Greenwood Avenue North, Shoreline WA 98133 ● Email: finaid@shoreline.edu ● Fax: (206) 533-6609

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Track code UP