



Program Update Request

Name: _____ Student ID Number _____
Last name, First name MI

PLEASE CHANGE MY PROGRAM INTENT / ADVISOR AS FOLLOWS:

New Program:

Transfer Degree: (B) _____

Professional Degree/Certificate: (F) _____
Please specify Program name

Other:

Multiple Pathway – Transfer Degree / Nursing (M 323)

Multiple Pathway – Transfer Degree / Dental Hygiene (M 308)

Multiple Pathway – Transfer Degree / Medical Lab Technology (M 316)

Multiple Pathway – Transfer Degree / Health Information Technology (M 529)

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