



Program Update Request

Name: _____ ctcLink ID#: _____
Last Name First Name MI

Please update my Program /Advisor as follows:

New Program:

Transfer Degree: (ACADM) _____
Please specify plan name

Professional Degree/Certificate: (PRFTC) _____
Please specify plan name

Other:

(Some program plans are not eligible for financial aid. If you checked "Other", please check with the Financial Aid Office or your Advisor for aid eligibility.)

New Advisor Name (optional): _____

Running Start student? Yes No

- Send copy to Veteran's Programs
- Send copy to Financial Aid
- Send copy to Workforce Programs
- Send copy to AANAPISI

Student Signature _____ Date _____

(student may submit an email stating "I acknowledge my change of program/advisor" from their preferred email address in lieu of a wet signature. Advisor/staff may submit the student's email with this form to enrollmentservices@shoreline.edu)

Office Use Only: Copy sent to FA Copy sent to VA Copy sent to Workforce Copy sent to AANAPISI
 Copy sent to Other Office _____

ES Staff Signature _____ Date _____

Enrollment Services | 16101 Greenwood Avenue North, Shoreline WA 98133 | Email: enrollmentservices@shoreline.edu | Fax: (206) 546-5835

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Track code UP