



Dawson Community College

Academic Change Request

Student Name: _____ Student ID: _____

Effective Term Fall Year: _____ Phone: _____

Spring

Summer

I would like to:

_____ Change my current program (degree/certificate) to: _____

_____ Change my current major to: _____

_____ Add an additional program (degree/certificate): _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

I would like to:

_____ Change my advisor to: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

New Advisor Signature: _____ Date: _____

Office Use Only:

Date Processed: _____

Processed By: _____