



College of Lake County

CHANGE OF PROGRAM OF STUDY

Print this form Office of Admissions and Records, B101
And College of Lake County
Mail or fax to: 19351 West Washington Street
 Grayslake, IL 60030-1198
 Fax 847-543-3061

Student Name: _____

CLC ID: _____

Degree Type (Select one):

Transfer Degrees

Career Degrees

A.A.

A.A.S.

A.A.T. (Secondary Math)

Certificate

A.S.

A.E.S.

A.F.A.

Title of New Program: _____

If new program is **Transfer Degree Program**, indicate the subject of study (such as English, or Philosophy): _____

Academic Plan Code (from the Catalog): _____

***Students will be placed in a course-taker program until accepted into limited enrollment programs.*

Are you applying for or receiving any kind of financial aid? _____

Important: Certificate programs of less than 16.0 hours, and all non-degree programs (such as Adult Basic Education, ESL, and Transfer or Career Course Enrollees) are not eligible for financial aid.

I understand that program changes submitted after the mid-term date will go into effect for the next academic term.

Signature _____ **Date of Request:** _____