



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: _____

Social Security Number: _____

Degree Type (Select one):

Transfer Degrees

Career Degrees

A.A.

A.A.S.

A.S.

Certificate

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): _____

Date of Change: _____

Are you currently receiving any kind of financial aid? _____

Date: _____

Signature of Student

Date: _____

Division Signature (Optional)