



Student Services
 800 College Court
 New Bern, NC 28562
 252-638-7200

Change of Program Form

For Office Use Only

Date changed: _____ Changed by: _____

New Student Returning Student

Last Term of Attendance Fall Year _____
 Spring Year _____
 Summer Year _____

Name of Student _____ Student ID _____

Date of Request _____ Student Phone _____

Previous Curriculum _____ New Curriculum _____

Previous Advisor _____ New Advisor _____

Financial Aid SAP Appeal ____No____Yes (If yes, student MUST see Financial Aid before proceeding.)

**For DL students only: Submit this form as an attachment to advise@cravencc.edu

 Signature of Student Date

 Signature of Admissions Specialist (Required) Date

 Signature of Advisor (Required) Date

While attending Craven, your educational goal is to (select one):

- Obtain an Associate Degree, Diploma or Certificate
- Enhance my job skills in my present field of work.
- Enhance my employment skills for a new field of work.
- Take courses to transfer to another college
- Take courses for personal enrichment or interest