

ADDRESS OR DEGREE/PROGRAM CHANGE FORM

Last Name	First Name	Middle Initial
Cocial Cocurity Number	stal ink ID Number	
Social Security Number	ctcLink ID Number	

1. CHANGE OF ADDRESS

Street	Street		Apt Number	
City		State	Zip Code	
Phone	Email			

2. CHANGE OF DEGREE/PROGRAM

NOTE: If you are changing your degree/program and you have previously attended other colleges, you must request a new credit evaluation for the new degree/program by also submitting a separate Transfer of Credits request form.				
A) Have you applied for graduation? Yes No				
B) For the Associate of Arts DTA degree (AA), indicate Associate of Arts in the degree/program field below AND choose <u>one</u> pathway from the following options:				
\Box Arts and Communication \Box Cultural Studies \Box Fine Ar	rts 🗌 Government & Non-Profit 🗌 Social Services & Education			
Current Degree/Program	New Degree/Program			

3. SIGNATURE

I certify that the information provided by me is true and accurate. I understand that submission of false, misleading, or partial			
information to obtain additional aid could result in cancellation of all aid for one year and could result in prosecution under the			
U.S. Criminal Code.			
Student Signature	Date		

Submit this form in person to the One-Stop in Building 22 on the Olympia Campus or Building 1 on the Lacey Campus. Forms submitted via email must be from the student's @spscc.edu email address (not from a personal email address).

FOR OFFICE USE ONLY						
Change of Degree/Pro		For the AA degree, the pathway is indicated above.	□ Notified FA	Updated the ctcLink program/plan and completer normal maintenance	d [☐ Emailed Advising
Veterans Check box if student is receiving VA funding (FA to route form to VA for updating of VA databases as needed)						
Staff Notes:						
Staff Signat	ure				Date	