

## 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<br>Degree/Pro   |     | For the AA degree, the pathway is indicated above. | □ Notified FA | Updated the ctcLink<br>program/plan and completer<br>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 |                    |