



Community and Technical College

Advisor and Curriculum Form

(Use Ball point pen. Press firmly enough to print on last copy)

This form is to be used by degree seeking students only.

Name: Last				First		MI		Student ID #	
Mailing Address (Street, Apt #, Post Office Box)									
City			State			Zip Code		Phone #	
I, _____ request the changes shown below.									
(Print name)									
Signature					Date				
Degree									
CURRENT					NEW				
Certificate Applied Studies/CAS <input type="checkbox"/>					Certificate Applied Studies/CAS <input type="checkbox"/>				
Associate in Fine Arts/AFA <input type="checkbox"/>					Associate in Fine Arts/AFA <input type="checkbox"/>				
Associate of Science/AS <input type="checkbox"/>					Associate of Science/AS <input type="checkbox"/>				
Associate of Applied Science/AAS <input type="checkbox"/>					Associate of Applied Science/AAS <input type="checkbox"/>				
Associate of Applied Science, Technical Studies/AASTS <input type="checkbox"/>					Associate of Applied Science, Technical Studies/AASTS <input type="checkbox"/>				
Major									
Specialization/ Concentrations									

Office Use Only

Advisor's Name	Current	New
Comments		
Distribution: <input type="checkbox"/> Student <input type="checkbox"/> New Advisor	Entered into BANNER by:	
	Date	