

# BEVILL STATE COMMUNITY COLLEGE

## PROGRAM OF STUDY CHANGE FORM

PRINT NAME	STUDENT#

	PROGRAM OF STUDY	AWARD (AAS, AS, AA, CER, STC)
<b>FROM</b>		
<b>TO</b>		
<b>Effective Term</b>	<input type="checkbox"/> Fall 20___ <input type="checkbox"/> Spring 20___ <input type="checkbox"/> Summer 20___	

A change in program of study will result in a change in the effective catalog for your new program of study.

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Student Signature

Date

<i>OFFICE USE ONLY:</i>		
	ADVISOR	RECORDS CAMPUS
<b>FROM</b>		
<b>TO</b>		
<i>PROCESSED BY:</i>		

Student Services Personnel

Date