



## Request for Change of Program/Campus/Catalog Continuing Students

Complete the following information and obtain the appropriate signatures on this form to initiate a change of program/campus/catalog.

- Change of Program/Campus/Catalog Forms submitted prior to the Add/Drop period will be processed within 1-3 business days for the current semester.
- Change of Program/Campus/Catalog Forms submitted after the Add/Drop period will become effective at the beginning of the following semester. There is no guarantee that earned credit from one program will apply to another. All future courses taken must apply to the new Program/Campus/Catalog.
- Changes may be limited by program admissions requirements and seat availability. SLCC cannot guarantee change requests will be approved. Students should verify requested updates in LoLA.

Date of Request: \_\_\_\_\_

Effective Semester: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID# (LoLA): \_\_\_\_\_

Phone #: \_\_\_\_\_

Have you applied for graduation this semester?  Yes  No      Have you graduated from SLCC?  Yes  No

**Please fill out all parts below that are applicable.**

**Program:** Current Program: \_\_\_\_\_ New Requested Program: \_\_\_\_\_  
Louisiana Transfer Concentration (if applicable): \_\_\_\_\_ Technical  Associate

Dean's Signature (change to Allied Health): \_\_\_\_\_ Date: \_\_\_\_\_

**Campus:**

Lafayette  New Iberia  Franklin  Acadia  C.B. Coreil  Evangeline  Gulf   
T.H. Harris  Young Memorial  NEMSA Location \_\_\_\_\_

**Catalog:**

Students requesting a change to their catalog of record to a new version should consult and receive approval of their academic advisor.  
Students requesting a change to their catalog of record to an older version should consult and receive approval of their dean.

Current Catalog Term Year: \_\_\_\_\_ Requested Catalog Term Year: \_\_\_\_\_

Advisor Signature (Newer Catalog): \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Signature (Older Catalog): \_\_\_\_\_ Date: \_\_\_\_\_

**I understand that I am responsible for notifying any agency assistance of the change in my program, including the SLCC VA office, if applicable.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Registrar's Office Approval**

**Waitlist YES or NO** If new program is on a Waitlist forward to [admissions@solacc.edu](mailto:admissions@solacc.edu).

Registrar's Office: \_\_\_\_\_ Stamp Date & Time \_\_\_\_\_