



EASTERN IDAHO TECHNICAL COLLEGE

Intent to Change or Add Program

_____ Date

Name SSN or Student ID# (Required)

Address City State Zip Telephone Number

Current Program: _____ Catalog Year: _____

I am withdrawing from _____
above program on Date

I anticipate completing _____
above program on Date

Signature of Admission Counselor or
Faculty Advisor of Current Program: _____ Date: _____

Student Signature (required): _____ Date: _____

Enrollment in new program _____

Select the degree/certificate type you will be switching to: AAS, ATC, ITC, BTC

Enrollment in new catalog year: _____

Select the term and year you will be starting new program: Fall Spring Summer Year _____

I anticipate completing program _____
Date

Program advisor changed to _____

Emailed to Registrar, Student, New Advisor, B.O., Financial Aid, and V.A. _____
Date

Office Use Only

Admission Counselor of Intended Program: _____ Date _____

Financial Aid Coordinator: _____ Date _____

VA Coordinator: _____ Date _____

Registrar: _____ Date _____

Original in student file

GRADE VERIFY TRANSCRIPT STAD SACP