



Academic Program Update Form

PRINT your information as it currently appears on your file.

NAME: _____
LAST FIRST MIDDLE

STUDENT ID NUMBER: _____ **DATE OF BIRTH:** _____

ARE YOU A VETERAN OR USING MILITARY BENEFITS? ____ Yes ____ No

If a veteran, what is your branch of service? _____

How can we reach you for updates or questions about this request?

Phone _____ Email (non-ACC): _____

I wish to:

Change my primary academic program.

From: _____ To: _____

Credential type (Check one): Associate Diploma Certificate

Keep my primary academic program but add a secondary program.

Secondary program to add: _____

Credential type (Check one): Associate Diploma Certificate

Remove an academic program.

Academic program to remove: _____

Do your college transcripts need to be re-evaluated based on this program update ____ Yes ____ No

I authorize Alamance Community College to make the requested changes to my student record.

Student Signature _____ **Date** _____

System updated by: _____ **Date** _____

Note: Students on financial aid require approval from FA for academic program changes. Please return completed form to:

Alamance Community College, Admissions/Records, PO Box 8000, Graham NC 27253 or Fax (336) 506-4264 or scan and email to admissions@alamancecc.edu