



North Dakota State College of Science
800 Sixth Street North | Wahpeton, ND 58076

CHANGE OF PROGRAM

STUDENT INFORMATION

Date

First Name

Last Name

Middle or Former Name

Date of Birth

Phone

Student ID #

Current Program / Plan

Subplan / Emphasis

Associate

Diploma

Certificate

Wahpeton Campus

NDSCS-Fargo

Online

CHANGE OF PROGRAM

(Only students who wish to officially change their program / plan or subplan / emphasis area should complete this section.)

New Program / Plan

New Subplan / Emphasis

Associate

Diploma

Certificate

Wahpeton Campus

NDSCS-Fargo

Online

When do you wish this change to become effective?

Immediately

End of current semester

Other (Please specify date)

Student Signature

Programs with Program Admission Requirements Only

Completion of Program Admission Requirements (Proof of test scores or appropriate ASC course completion)

Program Admission Requirements Waived

Explanation Required

Department Chair Signature

Date

Dean's Signature

Date

Deans' Office Use

Effective Term

Program Changed

Date Entered

Advisor Assigned

Non-Degree to Degree Seeking Programs Only

Admission Requirements Verified With

Completed By/Date

Copy To: Enrollment Services, Department Chair, Deans' Office and/or Allied Health