



TECHNICAL COLLEGE  
OF THE LOWCOUNTRY

Change of Academic Major / Program of Study

TO BE COMPLETED BY THE STUDENT:

NAME \_\_\_\_\_ TCL STUDENT ID \_\_\_\_\_

I am requesting to change my Academic Major / Program of Study and understand that this change may affect my Satisfactory Academic Progress standing and eligibility for financial aid.

I also acknowledge that registering in classes that are not in my program of study are not covered by financial aid and I will need to pay out of pocket for them.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TO BE COMPLETED BY NEW ACADEMIC ADVISOR:

NEW MAJOR CODE \_\_\_\_\_ NEW MAJOR NAME \_\_\_\_\_

EFFECTIVE TERM (MUST BE SUBMITTED PRIOR TO THE START OF THE TERM)

- FALL YEAR \_\_\_\_\_
- SPRING YEAR \_\_\_\_\_
- SUMMER YEAR \_\_\_\_\_

NEW ACADEMIC ADVISOR NAME \_\_\_\_\_

NEW ACADEMIC ADVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TO BE COMPLETED BY STUDENT RECORDS:

STUDENT RECORDS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

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