

MANCHESTER COMMUNITY COLLEGE

CHANGE OR DUAL MAJOR REQUEST FORM

Name: _____ Student ID: _____

Street Address: _____

City, State, Zip _____ Phone: _____

Do you have transcripts from a previous college/s: Yes No

EFFECTIVE DATE POLICY FOR CHANGE OR DUAL MAJOR

If a change or dual major is requested within the defined timeframe for 'dropping a course' within a semester, the change of major will take effect for the current semester. Any requests after that date, will take effect in the next academic semester, including summer.

Completed and signed forms should be submitted to the **Academic Affairs Office - Room 248**

Students who request to change or add one of the following degrees must first meet with the Program Coordinator to receive approval and signature on back of form:

Automotive Technology
Medical Assistant

Early Childhood Education
Teacher Education

Electronic Technology
Technical Studies

I request a _____ **CHANGE OF MAJOR**

Current Program: _____
_____ Degree _____ Certificate _____ Professional Certificate

Desired Program: _____
_____ Degree _____ Certificate _____ Professional Certificate

I request a _____ **DUAL MAJOR**

Current Program: _____
_____ Degree _____ Certificate _____ Professional Certificate

Desired Program: _____
_____ Degree _____ Certificate _____ Professional Certificate

REASON FOR CHANGE OR DUAL MAJOR:

I understand that this request will be reviewed by appropriate college officials and that some courses previously taken may not apply to my new program. **Further, I understand that my Financial Aid may be affected and this change is not official until I receive a letter from the Office of Academic Affairs.**

Student Signature

Date

Advisor Signature

Date

PROGRAM COORDINATOR APPROVAL: Students who request to change or add one of the following degrees must first meet with the Program Coordinator to receive approval:

PROGRAM	COORDINATOR	PHONE	E-MAIL
Automotive Technology	Marc Bellerose	206 – 8024	mbellerose@ccsnh.edu
Early Childhood Education	Carrie Marshall Gross	206 – 8045	cmarshall@ccsnh.edu
Electronic Technology	Norman Carignan	206 – 8192	ncarignan@ccsnh.edu
Medical Assistant	Candice Spaulding	206 – 8023	cspaulding@ccsnh.edu
Teacher Education	Carrie Marshall Gross	206 – 8045	cmarshall@ccsnh.edu
Technical Studies	Office of Academic Affairs	206 – 8010	

Program: _____
Comments: _____

Approved Program Coordinator Signature Date

ACADEMIC AFFAIRS OFFICE APPROVAL

Once approved, the Academic Affairs Office will complete a degree audit, which will be sent to the student, the former and new academic advisors, the Registrar's Office and the Financial Aid Office.

Request: <input type="checkbox"/> Approved (Effective semester: _____)
<input type="checkbox"/> Denied Reason: _____

Academic Program Assistant Date

Completed forms should be submitted to the Academic Affairs Office - Room 248.

MANCHESTER COMMUNITY COLLEGE
1066 FRONT STREET, MANCHESTER, NH 03102-8518
PHONE: (603) 206-8010 □ FAX: (603) 668-5354 WWW.MCCNH.EDU