

**Student Services**



**Program Change Form**

Brainerd Campus  
501 West College Drive  
Brainerd, MN 56401  
1-800-933-0346 or  
218-855-8031  
Fax: 218-855-8269

Staples Campus  
1830 Airport Road  
Staples, MN 56479  
1-800-247-6836 or  
218-894-5100  
Fax: 218-855-8269

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Former Name: \_\_\_\_\_

SSN or Tech ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I would like this request to be effective for the following semester:

\_\_\_\_\_ Fall, 20 \_\_\_\_\_ Spring, 20 \_\_\_\_\_ Summer, 20 \_\_\_\_\_

**Add** the major(s) you want to include on your academic record, (a current listing of program majors can be found on the website, [www.clcmn.edu](http://www.clcmn.edu) under "Programs and Majors").

\_\_\_\_\_ AA \_\_\_\_\_ AS \_\_\_\_\_ AAS \_\_\_\_\_ AFA \_\_\_\_\_ Diploma \_\_\_\_\_ Certificate

\_\_\_\_\_ AA \_\_\_\_\_ AS \_\_\_\_\_ AAS \_\_\_\_\_ AFA \_\_\_\_\_ Diploma \_\_\_\_\_ Certificate

\_\_\_\_\_ AA \_\_\_\_\_ AS \_\_\_\_\_ AAS \_\_\_\_\_ AFA \_\_\_\_\_ Diploma \_\_\_\_\_ Certificate

**Remove** the following major(s) from your academic record.

\_\_\_\_\_ AA \_\_\_\_\_ AS \_\_\_\_\_ AAS \_\_\_\_\_ AFA \_\_\_\_\_ Diploma \_\_\_\_\_ Certificate

\_\_\_\_\_ AA \_\_\_\_\_ AS \_\_\_\_\_ AAS \_\_\_\_\_ AFA \_\_\_\_\_ Diploma \_\_\_\_\_ Certificate

\_\_\_\_\_ AA \_\_\_\_\_ AS \_\_\_\_\_ AAS \_\_\_\_\_ AFA \_\_\_\_\_ Diploma \_\_\_\_\_ Certificate

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date of request

An affirmative action, equal opportunity employer and educator. If you need disability related accommodations to make these events accessible, please contact Disability Services, [disabilityservices@clcmn.edu](mailto:disabilityservices@clcmn.edu) or 218-855-8175. Consumers with hearing or speech disabilities may contact us via their preferred Telecommunications Relay Service.