



CHANGE OF ACADEMIC PROGRAM

Student Name: _____
First Middle Last

KC ID Number: _____ Date of Birth _____

☐ I am working toward the following degree(s) or certificate(s):

Name of academic program _____

Intended Transfer Major (AA or AS Only): _____

Intended Transfer Institution (AA or AS Only): _____

☐ I am no longer working toward the following degree(s) or certificate(s):

Name of academic program to end _____

☐ I am not pursuing any degree or certificate (BAC.0101.ENRL)

Student Signature _____ Date _____

Return this form to the Office of Admissions