



V

Office of the Registrar

Program Modification Request

Name: _____ Date of birth: _____

Address: _____ City: _____

State: _____ ZIP: _____ Current phone: (____) _____ - _____ Cell Home

Email address: _____

- Change of Program**
Complete Section A
- Concurrent Curriculum**
Complete Section B
- Second Program**
Complete Section C
- Readmission**
Complete Section D

Effective semester and year: _____

Deadlines for changes: fall – October 15; spring – March 15; summer – before the end of that session (I or II).

*****This form is not for Nursing or Allied Health selective-admissions programs.*****

Section A Change of Program – For students currently pursuing an associate or certificate program.

Current program _____

Change program to _____

Section B Concurrent Curriculum – For students who wish to pursue two programs (associate or certificate) simultaneously.

Current program _____

Concurrent program _____

For two associate degrees, up to 75% of the credits from the first program can be applied toward the second program. Students must select the specific courses with an academic advisor.

Section C Second Program – For students who have already completed one program (associate or certificate) and are looking to pursue a second.

Completed program _____

Second program _____

For a second associate degree, up to 75% of the credits from the first program can be applied toward the second program. Students must select the specific courses with an academic advisor.

Section D Readmission – For students who have not taken courses at Massasoit for more than four semesters.

Desired program _____

Student and Academic Advisor Declaration

I have received the most current program requirement sheet or DegreeWorks audit for my new program. I understand that I am held to the newest degree requirements and that additional courses may be necessary to fulfill the requirements for the new program. If applicable, an academic advisor has given me information on transfer and career opportunities for my new program of study. I understand that, by signing below, I declare that I intend to graduate from the program(s) upon completion of the required courses.

*If you are declaring a **concurrent curriculum** or **second degree**, and you are, or wish to be, a **financial-aid** recipient, also complete the Student and Financial Aid Counselor Acknowledgement section below.*

Student signature

Date

Academic advisor signature

Date

Academic advisor printed name

Student and Financial Aid Counselor Acknowledgement

- Each program is financial-aid eligible.
- One of the programs is not financial-aid eligible. I understand I will not receive financial aid for the courses within the non-financial-aid-eligible program.
- None of the programs are financial-aid eligible. I understand I will not receive financial aid for any courses within these programs.

Student signature

Date

Financial aid counselor signature

Date

Financial aid counselor printed name

BROCKTON: One Massasoit Blvd., Brockton, MA 02302 ~ PHONE: 508.588.9100, ext. 1949 ~ FAX: 508.427.1246

CANTON: 900 Randolph St., Canton, MA 02021 ~ PHONE: 508.588.9100, ext. 2677 ~ FAX: 508.427.1236

MIDDLEBOROUGH: 49 Union St., Middleborough, MA 02346 ~ PHONE: 508.588.9100, ext. 4002

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