

Cleveland State

COMMUNITY COLLEGE

Change of Status

Return this form to:

**Cleveland State
Community College**
Admissions and Records Office
3535 Adkisson Drive
Cleveland, TN 37320
Phone: (423) 478-6214
Fax: (423) 478-6255

This form is to be filled out by each student who requests a change to his/her curriculum information.
This form must be signed and submitted to the Admissions and Records Office.

Name _____
Last
First
Middle/Maiden

Student ID#: _____ Birthdate: _____

Please be aware some certificate programs are NOT eligible for financial aid.

Student Signature: _____ Date: _____

COMPLETE ONLY THE SECTIONS WHICH ARE APPLICABLE

This section is for students who have NOT already applied to graduate

- CHANGE OF MAJOR**
 Current Major: _____
 Updated Major: _____
- ADD ADDITIONAL MAJOR(S)**

- CHANGE OF CATALOG YEAR**
 Current Catalog: _____ Semester _____ Year _____
 Updated Catalog _____ Semester _____ Year _____
 (Example: Fall 2010
 Semester Year)
- CHANGE OF ADVISOR**
 Requested Advisor: _____

GRADUATION APPLICANTS ONLY

This section is for students who have already applied to graduate

- CHANGE OF MAJOR**
 Current Major: _____
 Updated Major: _____
- ADD ADDITIONAL MAJOR(S)**

- CHANGE OF CATALOG YEAR**
 Current Catalog: _____ Semester _____ Year _____
 Updated Catalog _____ Semester _____ Year _____
 (Example: Fall 2010
 Semester Year)

FOR RECORDS OFFICE USE ONLY

Term: _____
 Major Code: _____
 Advisor: _____

Assessment Required:

- A89's: Need Exempt Met
 COMPASS: Required Waived Completed
 Transfer Evaluation: Need Exempt
 WSP: Added Removed
 Comments: _____

Processed By: _____ Date: _____

FOR ADMISSIONS OFFICE USE ONLY

A89's: Added Removed

Mailed Letter: _____

Added Hold(s): _____

Comments: _____

Processed By: _____ Date: _____