



MADISON COLLEGE

Program Plan Change Request Form Architectural Technology Program

INSTRUCTIONS – Students may submit this form to request to change his or her program plan as determined with assistance from an advisor.

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____
Mailing Address: Street _____ Apartment _____
City _____ State _____ Zip Code _____
Student ID _____

PROGRAM INFORMATION

Select the appropriate program information:

Architectural Technology Transfer Regular

Admittance Term _____ Requirement Term _____

Please note that students are only eligible to enter the Architectural Technology Transfer program after the start of their term of admittance. If this form is submitted prior to the admittance term, it will not be processed.

STUDENT SIGNATURE & AGREEMENT

By signing, I certify that I have met with an advisor regarding the above plan change request.

Student Signature _____ **Date** _____

ADVISOR SIGNATURE & APPROVAL

By signing, I certify that I have consulted with the above named student and approve his/her plan change request.

Academic Advisor Name _____

Academic Advisor Signature _____ **Date** _____

OR

Program Director Name _____

Program Director Signature _____ **Date** _____

SUBMISSION INSTRUCTIONS

Please sign and submit your completed form in **one** of the following ways:

In-person (preferred): Enrollment Center - Truax Campus, Rm. A1000 or any regional or metro campus

Fax: (608) 243-4353

Mail: Enrollment Center, Madison College, 1701 Wright Street, Madison, WI 53704

Questions? For further assistance, contact the Student Development Center at (608) 246-6076 to schedule an appointment with an Academic Advisor.

Truax, Regional & Metro Campus Staff Only- Date stamp, initial and email to intake@madisoncollege.edu.

Date Received _____ Staff Initials _____