



MADISON COLLEGE

LAT Program Change Form

INSTRUCTIONS - This form is for current Liberal Arts Transfer program students who wish to select a new program plan (pre-major), change to a new requirement term, or cancel an application/discontinue from a program. This form is to be submitted by the student after consultation with an advisor.
Students only need to complete the sections applicable to their situation.

STUDENT INFORMATION

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

PROGRAM DECLARATION

I am currently in the following Liberal Arts Program Plan: (select one)

- | | | |
|---------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Associate in Arts (AA) (pre-2018) | <input type="checkbox"/> Engineering (AS) | <input type="checkbox"/> Pre-Professional Health (AS) |
| <input type="checkbox"/> Associate in Science (AS) (pre-2018) | <input type="checkbox"/> Pre-Business (AS) | <input type="checkbox"/> Education (AS) |
| <input type="checkbox"/> Arts & Humanities (AA) | <input type="checkbox"/> Pre-Business (AA) | <input type="checkbox"/> Education (AA) |
| <input type="checkbox"/> Science, Math & Technology (AS) | <input type="checkbox"/> Social Sciences (AA) | |

PROGRAM PLAN CHANGE REQUEST

I am requesting to be changed to the following Plan (Pre-major): (select one) Note: Students requesting a plan change must also fill out the *Requirement Term Change Request* section of this form.

- | | | |
|----------------------------------------------------------|--------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Arts & Humanities (AA) | <input type="checkbox"/> Economics & Pre-Business (AA) | <input type="checkbox"/> Education (AA) |
| <input type="checkbox"/> Science, Math & Technology (AS) | <input type="checkbox"/> Economics & Pre-Business (AS) | <input type="checkbox"/> Education (AS) |
| <input type="checkbox"/> Pre-Professional Health (AS) | <input type="checkbox"/> Social Sciences (AA) | <input type="checkbox"/> Engineering (AS) |

REQUIREMENT TERM CHANGE REQUEST

I am requesting to be changed to a new curriculum requirement term. (Select one reason for your request)

- Re-applied and accepted to the same program and wish to follow requirements from original admit term.
- Currently in a program and wish to follow a new set of requirements.
- Requested a new plan and need the requirement term to align with new plan.

Requested Requirement Term (e.g. fall 2019) _____

CANCELLATION OF APPLICATION OR DISCONTINUATION FROM PROGRAM REQUEST

I am requesting to be cancelled or removed from a program or application to a program. I am aware that once my request is approved it cannot be reversed.

Caution: Cancellation of an application or program status does not remove a student from classes they are registered for. Students are responsible for dropping classes they no longer want to be enrolled in.
<https://madisoncollege.edu/addrop-classes>.

Program: _____

Application Year: _____ Application Semester (e.g., spring): _____

Reason for Cancellation: (select most applicable reason)

- | | | |
|------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Military | <input type="checkbox"/> Obtained job related to education | <input type="checkbox"/> Not interested in further education |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Conflict w/ current/new employment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Transfer - chose alternate school/learning | |

ADVISOR AND STUDENT SIGNATURES

By signing, I acknowledge that I am electing to make the above requested changes to my academic record regarding my program, plan, requirement term or status in a program.

Student Signature _____ Date _____

Academic Advisor/Faculty Advisor/Program Director:

Name (please print) _____

Signature _____ Date _____

SUBMISSION INSTRUCTIONS

Submit your completed form in **one** of the following ways:

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

Fax: (608) 243-4353

Mail: Enrollment Services, Madison College, 1701 Wright St., Madison, WI 53704

Email: EnrollmentServices@madisoncollege.edu

Please allow up to 7 business days to process your request. To verify your request has been processed, log in to myMadisonCollege and run your Degree Progress report.

Questions? For assistance with this form, call Enrollment Services at (608) 246-6210 or visit in-person. You may also seek assistance from an advisor or counselor in Student Development and Retention Services, Rm. C1434.

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

Date Received _____ Staff Initials _____