



# MADISON COLLEGE

## Multiple Program Form

**INSTRUCTIONS** - This form is to be submitted by a student who has been approved to actively pursue more than one program. The student may complete and submit this form to specify which program(s) he/she is actively pursuing and to allow discontinuation from program(s) in which he/she is no longer interested.

### STUDENT INFORMATION

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

### PROGRAM DECLARATION

I would like to remain active and simultaneously pursue a degree in the following program(s):

Primary Program: \_\_\_\_\_

Secondary Program: \_\_\_\_\_

I wish to be removed from the following program(s) - if applicable:

1. \_\_\_\_\_ 2. \_\_\_\_\_

I anticipate receiving financial aid.  Yes  No

### STUDENT SIGNATURE & AGREEMENT

*By signing, I acknowledge that I am electing to remain actively enrolled in the program(s) specified above. If I will be receiving financial aid, I understand the impacts related to simultaneously enrolling in two programs.*

*If removal from a program was elected above, I understand that discontinuation from programs cannot be reversed; I will need to reapply should I wish to once again be active in a program from which I have been discontinued.*

**Student 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

**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 - Date stamp, initial, scan and email to [intake@madisoncollege.edu](mailto:intake@madisoncollege.edu).*

Staff Initials \_\_\_\_\_ Date Received \_\_\_\_\_