

DEGREE PROGRAM CHANGE AGREEMENT

INSTRUCTIONS: Complete this form and return it to our office.

Former Curriculum: _____

New Curriculum: _____

Read the paragraph below and sign this form if you understand and agree to the terms and conditions indicated.

- It is my intention to enroll in a bachelor degree program, and I have officially done so with my Dean's Office. If for some reason I revert to an associate degree program and I am receiving federal financial aid, I will be **liable to immediately repay** the financial aid I received during that period of time exceeding the six semesters allowed in an associate degree program.
- I fully understand and agree to all terms and conditions set forth above.

Student's Signature

Social Security Number

Student's Name Printed

Date