Change of Program

Name _____

Address _____

_____

City, State, Zip _____

Phone _____

Student ID# _____

E-mail Address _____

Complete this form and return to the TSTC Financial Aid Office.

SECTION I – To be completed by student

Please print information below. Complete Student Section then take form to your Department Advisor.
When Department Advisor completes Section II, return form to the Financial Aid Office.

○ What program are you in now? _____ List all previous programs _____
Did you complete program(s) listed above?
○ Yes. When did you graduate? _____ ○ Certificate ○ Degree
○ No. Explain: _____

○ What program do you wish to enter? _____ When? (indicate semester) _____
Expected graduation date? _____

○ Why are you selecting this program? Explain how you will benefit from this program more than or in addition to, the other program(s) you have studied. How does it meet your educational employment goals?

_____

_____

Student Signature _____ Date _____

SECTION II – To be completed by Department Advisor

Please print information below and complete all questions.

○ I have met with the student concerning this change of program. In my opinion, this student ○ will ○ will not benefit from training in the new program that he/she has requested below.

○ Will any courses transfer into the new program? ○ Yes ○ No If yes, which courses?
(Course number and number of credits) _____

○ The student and I have discussed: ○ Satisfactory progress ○ Educational Goals ○ Employment Goals

Advisor's Signature _____ Date _____

SECTION III - To be completed by Financial Aid

Your request for a Program Change has been ○ Approved ○ Disapproved. You have _____ semesters of Financial Aid remaining under the _____ program. You ○ will ○ will not be on Financial Aid Probation/Suspension.

Comments: _____

Financial Aid Representative Signature _____ Date _____

For Office Use Only: CRI Code: **FAC11CP** Date Entered: _____ Initials: _____ Date Scanned: _____ Initials: _____

TSTC Financial Aid Office | 1902 North Loop 499 | Harlingen, Texas 78550 | Office: 956.364.4330 | Toll-free: 1.800.852.8784 | Fax: 956.364.5119
E-mail: financial.aid@harlingen.tstc.edu | www.harlingen.tstc.edu | FAFSA School Code: 009225

Equal opportunity shall be afforded within the Texas State Technical College System to all employees and applicants for admission or employment regardless of race, color, gender, religion, national origin, age or disability. TSTC will make reasonable accommodations for students with disabilities.