



# Change of Program Request

Please complete and return to:  
[registrar@middlesex.mass.edu](mailto:registrar@middlesex.mass.edu)

Once a Middlesex Community College student is admitted into a specific degree or certificate program, the student has the option to change a program once per semester. **Students interested in changing to a selective program should contact the Admissions Office ([admissions@middlesex.mass.edu](mailto:admissions@middlesex.mass.edu)) to learn more about admissions requirements and the application process. Please note that some selective programs have application deadlines.**

If you wish to change your program for the current semester, a completed and signed Change of Program Request form must be e-mailed by **Wednesday, January 31, 2024 for Spring and Tuesday, June 18, 2024 for Summer and Wednesday, September 11, 2024 for Fall**. Any Change of Program Request form received after this date will be processed for the following semester. To complete this Change of Program Request form, students are required to meet with and obtain the signature of an academic advisor to discuss career and educational goals. Students who receive Veterans benefits must also meet with a Veterans Certifying Official. It is also recommended that students meet with a Student Financial Aid Counselor to discuss potential Financial Aid and/or payment repercussions.

<b>Date of Request</b> _____	<b>Student ID</b> _____
<b>First Name</b> _____	<b>M.I.</b> _____ <b>Home Phone</b> _____
<b>Last Name</b> _____	<b>Cell Phone</b> _____
<b>Former name</b> _____ (if applicable)	
<b>Mailing Address</b> _____ <div style="display: flex; justify-content: space-between;"><span>Street Address</span><span>City, State and Zip</span></div>	

Current Program of Study

New Program of Study	Effective Semester*
<div style="display: flex; justify-content: flex-end; padding-right: 10px;"><input type="checkbox"/> Certificate <input type="checkbox"/> Degree</div>	<div style="display: flex; align-items: center;"><div><input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer</div><div style="margin-left: 10px; text-align: center;">_____ Year</div></div>

I understand that changing my program of study may impact graduation and/or financial aid eligibility. Ultimately, I am responsible for evaluating the consequences of a change of program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

The following signatures are required and indicate that you have discussed a change of program with the person, but do not imply endorsement of the proposed change.

\_\_\_\_\_  
Academic Advisor Signature

\_\_\_\_\_  
Print Academic Advisor Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Veterans Certifying Official Signature\*

\_\_\_\_\_  
Print Veterans Certifying Official Name

\_\_\_\_\_  
Date

\*Veteran students must discuss program changes with a Certifying Official at the college prior to making changes.