

Signature

## **Program of Study Change Form**

## \*This form is available in Workday\*

Student Name:	Student Name:		A#	
Email:@aims.edu		Phone:		
Please complete this form and s	submit it to the Registration tear	n at Records@aims	s.edu or deliver in-perso	n to any Aims campus.
NOTE: Students may <b>not</b> earn n	nore than one AA, AS, or AGS Deg	gree each. Multiple	AAS degrees and/or ce	rtificates are permitted.
I would like to  ☐ Replace my current program of stu ☐ Add additional degree(s), or certific ☐ Update my current catalog year for ☐ Remove one or more degree(s), ma	cate(s) to my existing degree(s) o a specific major (current catalog	r major(s).	Catalog Year	
Select the semester and year you want the indicated change to take place (current or future semesters only):				
O Fall O	Spring	O Summer	Year	
Select all programs you wish to add:				
<ul> <li>☐ Associate of Arts, Liberal Arts (AA)</li> <li>☐ Associate of Science, Liberal Arts (A</li> <li>☐ Associate of General Studies (AGS)</li> <li>☐ Associate of Arts, Liberal Arts Degree</li> </ul>				
☐ Associate of Science, Liberal Arts De	-			
De Associate of Applied Science (AAS):	esignation:			
Certificates:				
Pre-Programs (Advisor Signature No	rt Required):			
☐ Personal Interest: I will not graduate or transfer and will take classes for personal enrichment only. (NONE)				
Advisor signature is required for p	oin removal and/or for declaring program the student has perm		· · · · · · · · · · · · · · · · · · ·	se indicate which
O Aviation	O Nursing	O Emergency	Medical Technician - Pa	ramedic
O Basic Peace Officer	O Radiologic Technology	O Surgical Tec	hnology	
				Pin Release
Academic Advisor Signature			Da	ite
Student Signature  By submitting this form, I acknowled	ge that any change in my current p	rogram of study may		ate eligibility.
Approved Denied	REGISTRATION AND RECORE	OS USE ONLY	Received	Entered

Date