

Student Number	Last Name	First Name	Middle Name	Mailbox
Home Address		City	State	Zipcode
		Area and Home Telephone Number		
Advisor	Extension Center	Today's Date	Began Coursework at FTS (Quarter, Year)	

TO BE COMPLETED BY STUDENT:

CURRENT PROGRAM _____ REQUESTED PROGRAM _____

CURRENT CONCENTRATION _____ REQUESTED CONCENTRATION _____

CURRENT STATUS _____ REQUESTED STATUS _____

REASON FOR REQUESTED CHANGE:

I understand that this change, if approved, may not be effective in any quarter in which I am already registered at the time this change is entered by the Registrar's Office.

Signature of Student _____ Date _____

TO BE COMPLETED BY ADVISING OFFICE:

For changes from SPECIAL or PROBATION: Cum GPA _____ Units Completed _____

COMMENTS:

Advisor's Signature _____ Date _____

Advising Office Approval _____ Date _____

REGISTRAR'S OFFICE PROCESSING:

Effective Quarter _____

General Student Status Level Admit Type Std Type Degree College Major

Transcript Entered by _____ Date _____

Comments: