



CHANGE OF PROGRAM DATA FORM

(Please Print)

Mail to: DMACC Admissions
2006 S. Ankeny Blvd, Bldg. 1
Ankeny, IA 50023-3993
or
Fax to: 515-964-6391
or
Email to: admissions@dmacc.edu

CURRENT PERSONAL DATA

Name: _____
(Last) (First) (Middle Initial)

Social Security#/DMACC ID#: _____ Birth Date: _____
(Month/Day/Year)

Address: _____
(Street Address)

(City) (State) (Zip)

Phone:
H: (_____) _____ C: (_____) _____

Email Address: _____

EMERGENCY CONTACT INFORMATION

Name: _____
(Someone to contact in case of an emergency)

Address: _____
(Street Address)

(City) (State) (Zip)

Relationship to student: _____ Phone: _____

PROGRAM DATA CHANGE

Change/Addition of Program:

Current Program _____ Degree _____ Full Time or Part Time
(Program) (Campus)

New Program _____ Degree _____ Full Time or Part Time
(Program) (Campus)

Area of Concentration _____
(Check this box if you are ONLY adding a concentration to your program.)

Starting Term _____

Note: When your major is changed you are obligated for the current catalog requirements in effect for the current year. Please contact an advisor for additional assistance.

All specific program requirements must be met prior to being admitted to certain programs.

Do you wish to withdraw from your current program? Yes No

(Student Signature) (Date)