

Student ID \_\_\_\_\_

### Program / Start Date Change Form

CHIPPEWA VALLEY TECHNICAL COLLEGE  
Admissions Office, Room 113B  
620 West Clairemont Avenue, Eau Claire, WI 54701

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(i.e. cell, parents', work)

Current Training Program: \_\_\_\_\_  Core Program  Pre-Program

**Check and complete the appropriate line(s) below for the change(s) you are requesting:**

Change Program to: \_\_\_\_\_ core training program

If offered at more than one campus, check campus location (check one):  Eau Claire  River Falls

Add a Program with Current Program: \_\_\_\_\_ core training program.

Check One:  Add this training program as Choice No. \_\_\_\_\_ OR  
 Add this training program as a double major with my current training program as given above

Add Pre-Program status to:  current core training program  other \_\_\_\_\_

• **EFFECTIVE TERM:** For the change(s) requested above (circle one month and indicate year):

January      March      June      August      October      Year: \_\_\_\_\_

~ ~ ~ ~ ~  
 DELAY Entry Date:

DELAY core program starting date to: \_\_\_\_\_  
(Staff use only:  One-time delay)

DELAY pre-program starting date to: \_\_\_\_\_

*NOTE: If you previously received transfer credit from another college or university, please see a counselor to determine if these credits will apply toward the new training program for which you are applying.*

Comments: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Admissions Use: Date/Time