



East Georgia College  
 Office of the Registrar  
 131 College Circle  
 Swainsboro, GA 30401  
 Tel: (478)289-2014 Fax: (478)289-2140

## Declaration to Change Campus Location

Effective: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer Year \_\_\_\_

**CAREFULLY read – Initial and Sign Where Indicated!!**

1. Your request for change of campus location **must be completed and submitted for review no less than 2 weeks prior to the start of the term OR 2 weeks prior to Early Registration for an upcoming term.**
2. If you are requesting a change to attend the Statesboro Site and you have previously attended Georgia Southern University (GSU), we must verify that you are not currently on any type of exclusion or dismissal from that institution. You are required to submit an official GSU academic transcript.
3. If you are requesting attendance at the Statesboro Site, you must complete an application for admission to GSU, pay their application fee and submit a copy of your Immunization record to the GSU Health Services Department. Violation of these requirements may result in your exclusion from attending the Statesboro Site.
4. A declaration to change campus location may only be processed once an Academic Year. An academic year consists of 3 semester beginning fall through summer. *If you request a change at the beginning of the fall semester, the change will remain in effect and cannot be changed until the beginning of the next fall semester. Likewise, if you change at the beginning of the spring semester, you cannot change again until the beginning of the next fall semester. Please check with the Financial Aid Office to verify your aid package for the academic year will not be affected by this change.*

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_  
Street

\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
City State Zip

Updated Address? \_\_\_\_ Yes \_\_\_\_ No

I am requesting to change to the:  
 \_\_\_\_ Swainsboro Campus  
 Requested Program of Study: *Please circle ONE below.*  
**\*\*Advisor assignment will be based upon the chose Program of Study, unless otherwise noted.**

<p><b><u>Group 1:</u></b>          Biology          Business Administration &amp; Economics          Business Education          Chemistry          Computer Science          Geology          Mathematics          Nursing          Teacher Education          Agriculture          Forestry          Exercise and Health Science</p>	<p><b><u>Group 2:</u></b>          Art          Criminal Justice          English          Foreign Language          General Studies          History          Political Science          Psychology          Recreation          Sociology</p>
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**\*\*Caution: If you select a program of study from Group 1 and you have NOT passed the MATH Compass Exit Exam with a score of ≥37, you will be required to take MATH 0099.**

*Please see reverse side*

\_\_\_\_ Statesboro Campus

**\*\*Please note: ALL students that choose to attend the Statesboro campus will automatically have their Program of Study changed to General Studies and a new Statesboro faculty advisor assigned. \_\_\_\_\_ Initial**

**Reason for Change:**

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**I understand** that once this form is completed and processed, I will remain at the selected campus until the end of the current academic year. No additional requests for Change of Campus Location can be made until the following academic year \_\_\_\_\_ *Initial*

**I understand** that I pay for any increase to my student fees and/or tuition out-of-pocket, if my financial aid award is not sufficient. \_\_\_\_\_ *Initial*

**I understand** that if I selected a program of study from Group 1 and I have NOT passed the MATH Compass Exit Exam with a score of  $\geq 37$ , I will be required to take MATH 0099. \_\_\_\_\_ *Initial*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**\*\*ATTENTION\*\***

The campus-change process takes at least a week and must be sent through a committee of individuals for approval. Once the change has been reflected in the computer system, you will be notified via your EGC Catmail account.

### Institutional Use Only

Department

Approved Denied

Date

\_\_\_\_\_  
Financial Aid Signature

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_  
Business Office Signature

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
Registrar's Office Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Resident: \_\_\_ Yes \_\_\_ No

SGASTDN/SFAREGS (Updated Campus Code) \_\_\_\_\_

SPACMNT (Enter Comment) \_\_\_\_\_

SGAADVR (Change Advisor) \_\_\_\_\_

Letter Sent \_\_\_\_\_