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

Change of Program of Study/Advisor

Last Name _____ First Name _____ M.I. _____ Student ID# _____

Address _____ Apt # _____ Tel: (____) _____

City _____ State _____ Zip Code _____ Cell: (____) _____

Current Program of Study: _____ Requested Program of Study: *Please see below for selection.*

Would you like to keep your current Academic Advisor? □ Yes □ No

Current Advisor: _____ Requested Advisor *(if applicable)*: _____

***Note:** Your advisor may be changed based on the Program of Study you choose. If you would like to keep the same advisor, please keep in mind that your current advisor may not be aware of all requirements for the program of study you have selected.*

***** Caution:** If you select a program of study from **Group 1** and you have NOT passed the Math Compass Exit Exam with a score ≥37, you will be required to take MATH 0099. *By signing below, you assume responsibility for the changes above.*

Student Signature: _____ Date: _____

Please circle one:

Group 1:
Biology
Business Administration & Economics
Business Education
Chemistry
Computer Science
Geology
Mathematics
Nursing
Teacher Education
Agriculture
Forestry
Exercise and Health Science

Group 2:
Art
Criminal Justice
English
Foreign Language
General Studies
History
Political Science
Psychology
Recreation
Sociology

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.

For Office Use Only:

____SOATEST ____ZOAGARP

____SFAREGS/SGASTDN____SOAHOLD

Initials: _____

Updated: 12/22/2011