



LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

DUAL ENROLLMENT

@ GWINNETT TECHNICAL COLLEGE

Change of Major Form

Change Request for _____ Term of _____ Year

This form must be completed with all signatures and submitted to the Dual Enrollment office by the change of major deadline for any given term. If received after that date, the form will not be processed. Refer to the Dual Enrollment Academic Calendar at GwinnettTech.edu/DualEnrollment for all dates and deadlines.

Gwinnett Tech Student ID: _____ Print Name: _____

E-Mail Address: _____

Do you have any changes on your information? ___ Yes ___ No *If yes, please write the new information below.*

Address _____

City: _____ Zip Code: _____

County: _____ Phone: _____

Current Student Record (Changing From): Initial the box to decline this Program of Study. Complete all that apply.

Initial to decline <input type="checkbox"/>	Program of Study: _____	Program Code _____
	Concentration: _____	Concentration Code: _____
	Campus (check one): _____ Lawrenceville _____ Alpharetta-North Fulton	

New Student Record (Changing To): Complete all that apply.

Program of Study: _____	Program Code: _____	Effective Term: _____
Concentration: _____	Concentration Code: _____	
Campus (check one): _____ Lawrenceville _____ Alpharetta-North Fulton		

New Student Record (Changing To): Complete all that apply.

- I understand it is my responsibility to contact the Program Advisor for the new Program of Study for any additional requirements and the sequence of program courses.
- Classes for the upcoming term which are not required for the new major must be dropped before the change of major form can be submitted for processing. It is the student's responsibility to verify the course offerings for the Program of Study and to verify they are approved Dual Enrollment courses.
- I understand for college graduation I must meet the program requirements listed in the catalog effective for the term of the proposed major change. **Note:** *This policy also applies to students who change to/from degree, diploma or certificate or change concentrations within the same program area.*
- I understand that it is my responsibility to inform my high school counselor to complete/update my Dual Enrollment funding application to match my new schedule. Failure to do so will affect my funding and will result in being dropped from all classes or being responsible for the full amount of tuition/fees.

Student Signature: _____ **Date:** _____

Gwinnett Tech DE Signature: _____ **Date:** _____

Please scan this completed form to DualEnrollment@GwinnettTech.edu