



GEORGIA PIEDMONT
TECHNICAL COLLEGE

PROGRAM CHANGE REQUEST

Student Status: ☐ Applicant ☐ Current ☐ Former

Student ID #: _____ (No dashes or dots)

Last Name: _____ First Name: _____ Middle Initial: _____

New Program Requested: _____

Program Type: ☐ Degree ☐ Diploma ☐ Certificate

Current Program of Study: _____

Program Type: ☐ Degree ☐ Diploma ☐ Certificate Campus: ☐ Clarkston ☐ Covington

Effective Term: Term: _____ Year: _____ (For CTD Only) ☐ Day ☐ Evening

Student Authorization:

If I receive HOPE grant funds during my matriculation at Georgia Piedmont Technical College and I decide to change back to a degree program at anytime, I understand that I will be responsible for any fees incurred from the **date of the change forward** if I am not eligible for other forms of financial aid. I understand that I must consult with the Financial Aid Office to see if my fees will be covered if I change my program of study.

I acknowledge that entering my name on this form is the equivalent of my signature. By submitting it I authorize the Georgia Piedmont Technical College Admissions Office to process my request.

Student Name: _____ Date: _____

PLEASE COMPLETE IF YOU WOULD LIKE TO PAY BY CREDIT CARD (fax request to 404-298-3617):

STUDENT AUTHORIZATION: I, _____ **AUTHORIZE GEORGIA PIEDMONT TECHNICAL COLLEGE**

TO CHARGE MY CREDIT CARD THE AMOUNT OF \$ _____

TYPE OF CREDIT CARD: ☐ VISA ☐ MASTERCARD ☐ DISCOVER

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____
(MM/YY)

NAME THAT APPEARS ON CREDIT CARD:

PRINTED NAME: _____

SIGNATURE: _____

CASHIER'S OFFICE USE ONLY: Date Paid _____ Initials _____

ADMISSIONS OFFICE USE ONLY: Change Processed ____/____/____ Initials _____