



Student Name: _____ CSI ID #: _____

SEMESTER: FALL _____ SPRING _____ SUMMER _____

NEW STUDENT _____ CONTINUING STUDENT _____

Planning to receive financial aid? Yes _____ No _____

Please note: A high school transcript (showing completion) OR a GED certificate is required to qualify for federal aid.

REQUEST TO CHANGE MAJOR 2025 - 2026

MAJOR TO CHANGE: _____

NEW MAJOR: _____
(BE specific: e.g. Hospitality AAS) AA, AS, AAS, BTC, ITC

CONCENTRATION: (If applicable) _____

DEADLINES

~~Summer 2025 – May 19th~~

~~Fall 2025 – August 1st~~

Spring 2026 – January 5th

REQUEST TO CHANGE CATALOG YEAR

Requested Catalog Year: _____

Student Signature: _____ Date: _____

Student Success Advisor/Program Manager: _____

For office staff use only.

Processed by: _____ Date: _____

Notes/Comments: _____