



Change of Primary Institution

The proponent department is Enrollment Services

THIS FORM IS PROTECTED UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

AUTHORITY: San Antonio College Catalog
PRINCIPAL PURPOSE: Update the Primary Institution of a student.
ROUTINE USES: Used by students to request a change in the primary institution.
DISCLOSURE: Voluntary. Failure to furnish information may result in denial of the request.

1. STUDENT ID		2. STUDENT NAME (LAST, FIRST)		3. DATE OF REQUEST	
4. *EFFECTIVE TERM <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		5. MILITARY VERIFICATION FORM ON FILE <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, resubmit Military Verification form for continued residency status.			
6. REASON FOR CHANGE <input type="checkbox"/> Change in Advising Guide/Concentration/Field of Study/Pre-Major/Major					
7. FROM COLLEGE <input type="checkbox"/> NLC <input type="checkbox"/> NVC <input type="checkbox"/> PAC <input type="checkbox"/> SPC <input type="checkbox"/> SAC			8. TO COLLEGE <input type="checkbox"/> NLC <input type="checkbox"/> NVC <input type="checkbox"/> PAC <input type="checkbox"/> SPC <input type="checkbox"/> SAC		
9. KEEP SAME ADVISING GUIDE/FIELD OF STUDY/PRE-MAJOR <input type="checkbox"/> Yes <input type="checkbox"/> No If no, answer the question in Box #11.					
10. KEEP SAME CATALOG YEAR <input type="checkbox"/> Yes <input type="checkbox"/> No If no, answer the question in Box #12.					
11. SELECT NEW PROGRAM (If pursuing an OSA, select an AAS or Certificate that includes the program) <input type="checkbox"/> Associate of Applied Science <input type="checkbox"/> Associate of Arts <input type="checkbox"/> Associate of Science <input type="checkbox"/> Associate of Arts in Teaching <input type="checkbox"/> Level 1 Certificate <input type="checkbox"/> Level 2 Certificate <input type="checkbox"/> Advanced Technical Certificate <input type="checkbox"/> Enhanced Skills Certificate					
12. NEW ADVISING GUIDE (Title Description Ex: Psychology)			13. NEW CATALOG YEAR (MUST BE ENROLLED IN CATALOG YEAR)		

You must contact your advisor before submitting this form to the Admissions and Records office.
To locate your advisor, click on the 'My Page' tab located in ACES

**I hereby request that my primary institution be changed within the Alamo Colleges District.
I acknowledge that a change to my Primary Institution may impact my Financial Aid eligibility and/or award.**

14. STUDENT SIGNATURE		15. DATE	
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16. PRINTED ADVISOR/DESIGNEE NAME		17. ADVISOR/DESIGNEE SIGNATURE		18. DATE	
19. PURPOSE FOR CHANGE OF PRIMARY INSTITUTION (FOR APPROVAL OUTSIDE OF DATE PARAMETERS BELOW) <input type="checkbox"/> Graduation <input type="checkbox"/> VA/Hazlewood					
20. RECEIVED BY ADMISSIONS AND RECORDS				21. DATE	
22. VERIFIED SOAHOLD AND BDM FOR MILITARY VERIFICATION <input type="checkbox"/> Yes <input type="checkbox"/> No					
23. FOOTPRINT SUBMITTED TO CSI BY:				24. DATE	

*FORM SUBMITTED TO CSI	*EFFECTIVE TERM
May 1 – July 31	Fall Term
August 1 – November 30	Spring Term
December 1 – April 30	Summer Term