

Enrollment Services \_\_\_\_\_

Diploma Type \_\_\_\_\_

## FLORIDA GATEWAY COLLEGE CHANGE OF DEGREE

## **STUDENT INFORMATION** (Please print clearly) Name: Last: First: Middle: Student ID Number: Enter the degree and program code. **NEW DEGREE: Priority 1 CURRENT DEGREE: Priority 1** Degree: Degree: □BS/BAS □AA □ AS □ATD □Cert □BS/BAS □AA □ AS □AAS □ATD □Cert Field of Study:\_\_\_\_\_ Field of Study: \_\_\_\_\_\_ Program Code: \_\_\_\_\_ Program Code: \_\_\_\_\_ **NEW DEGREE: Priority 2 CURRENT DEGREE: Priority 2** Degree: Degree: □BS/BAS □AA □ AS □AAS □ATD □Cert □BS/BAS □AA □ AS □AAS □ATD □Cert Field of Study:\_\_\_\_\_ Field of Study:\_\_\_\_\_ Program Code: \_\_\_\_\_ Program Code: \_\_\_\_\_ **NEW DEGREE: Priority 3 CURRENT DEGREE: Priority 3** Degree: Degree: □BS/BAS □AA □ AS □AAS □ATD □Cert □BS/BAS □AA □ AS □AAS □ATD □Cert Field of Study:\_\_\_\_Program Code:\_\_\_\_ Field of Study: Program Code: \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Office Use Only: Academic Advisor \_\_\_\_\_\_ Date \_\_\_\_\_ PERT Test TABE Test Financial Aid \_\_\_\_\_ Date \_\_\_\_\_ Effective Term \_\_\_\_\_ Year \_\_\_\_

SOAPCOL \_\_\_\_\_

Date