



Office of the Registrar  
**Student Change of Status**  
*Day to College Transfer Program (CTP)*

**It is the student's responsibility to obtain all signatures and submit this form to the Registrar's Office.**

CWID: \_\_\_\_\_  
Last Name First Name MI

Citadel Email: \_\_\_\_\_ Are you planning on graduating this academic year? YES NO

Are you changing your major? YES NO
If YES, New Major: _____
Concentration (if applicable): _____
Program Coordinator Signature (of new major): _____ Date: _____
New Advisor: _____
NCAA Compliance Officer Signature (if applicable): _____ Date: _____

\_\_\_\_\_  
Student Initials  
**By signing and submitting this document I understand that by changing to the College Transfer Program I will be required to complete and pass EUGS 101.**

\_\_\_\_\_  
Student Initials  
**By signing and submitting this document I understand that my status will be changed from the Day Program to the College Transfer Program and I will participate in the CGC Commencement Ceremony.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Veteran Student Success Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

Associate Provost for Academic Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

---

RO Office Use Only

Processed: \_\_\_\_\_  
Initials Date