THE CITADEL

Office of the Registrar

Student Change of Status

Day to Degree Completion Program

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 Degree Completion 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 Degree Completion Program and I will participate in the CGC Commencement Ceremony.

Student Signature: _____ Date: _____

Associate Provost for Academic Affairs: _____ Date: _____

RO Office Use Only

SFAREGS _____ SGASADD _____

Processed: _____ _____

Initials Date