

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: _____

Veteran Student Success Manager: _____ Date: _____
(if applicable)

Associate Provost for Academic Affairs: _____ Date: _____

RO Office Use Only

Processed: _____
Initials Date