

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: _____

Associate Provost for Academic Affairs: _____ Date: _____

RO Office Use Only

Processed: _____
Initials Date