

**MILWAUKEE AREA TECHNICAL COLLEGE
PROGRAM CHANGE / RE-ADMISSION / UPDATE FORM**

(PLEASE PRINT CLEARLY)

ID/SS #	LAST NAME	FIRST NAME	M.I.
FORMER NAME(S) IF APPLICABLE		DATE OF BIRTH:	
ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE
TELEPHONE #	ADDITIONAL PHONE # WORK OTHER CELL		
HIGH SCHOOL ATTENDED	GRADUATION DATE	GED _____ HSED _____ DATE COMPLETED _____	
RECEIVED FROM:			

CHECK ONE OF THE FOLLOWING:

- Change of Program**
 - Remove me from all previous programs
 - OR**
 - Only remove me from the following programs(please list):
- Program Readmission**
- Completed Required Courses**
- Retested - Accuplacer**
- Add Additional Program**

I AM REQUESTING THIS CHANGE FOR: Semester/Year _____

Campus (Program must be offered at campus of choice) Milwaukee South North West

MY PROGRAM CHOICE IS _____ **Program Code #** _____

NOTE: IF YOU ARE CURRENTLY ON ACADEMIC SUSPENSION YOU MUST MEET WITH YOUR PROGRAM COUNSELOR TO COMPLETE THE APPLICATION FOR REINSTATEMENT AND THE ACADEMIC APPEALS FORM BEFORE THIS CHANGE OF PROGRAM CAN BE PROCESSED.

STUDENT SIGNATURE

DATE

FOR OFFICE USE ONLY

COUNSELOR SIGNATURE	ADMIT STATUS	DATE
<input type="radio"/> CHANGE CATALOG YEAR TO:	<input type="radio"/> CPP COMPLETED DATE _____	

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