

**HARRISBURG AREA COMMUNITY COLLEGE
CHANGE OF PROGRAM/ADVISOR FORM**

H _____
HACCid _____ Month _____ Day _____ Year _____

I have discussed this change of Program/Advisor with my new division advisor/designee and I am thoroughly familiar with the academic requirements involved. I hereby request that the change indicated be effected.

Student's Last Name First Middle

Current Program/Major Code New Program & Major Code (Concentration, if applicable)

Current Advisor Name New Advisor Name

Student Signature **REQUIRED** Signature of new Advisor/Division Designee **REQUIRED**

Effective Term