

NASHUA COMMUNITY COLLEGE
OFFICE OF THE REGISTRAR
505 Amherst Street, Nashua, NH 03063
Fax: (603) 883-1636 Email: NCCRegistrar@ccsnh.edu

OFFICE USE ONLY

Date Processed: _____

Processed By: _____

CHANGE OF MAJOR FORM

NAME (Please print clearly)

A _____
STUDENT ID #

ADDRESS

PHONE

CITY STATE ZIP CODE

PERSONAL EMAIL ADDRESS

Check here if this is a change in address, phone, or email.

EFFECTIVE TERM: Fall 20____ Spring 20____ Summer 20____

I UNDERSTAND THAT:

- I must meet with my Academic Advisor and secure his/her signature below.
- Placement testing may be required
- Some courses previously taken may not apply to my new program, and it may extend my enrollment period.
- I may not be Financial Aid eligible because of maximum timeframe constraints or because of programs not eligible for Financial Aid (see list in Financial Aid Office).**

I understand that the Nashua Community College catalog is a guide and that its contents are subject to revision at any time. The College reserves the right to change fees, courses, policies, programs, services and personnel as required.

CHECK ONE: ADD CHANGE

PLEASE RE-EVALUATE TRANSFER CREDIT

FROM: _____
MAJOR YOU ARE CURRENTLY ENROLLED IN

DEGREE CERTIFICATE

TO: _____
MAJOR YOU WISH TO ADD OR CHANGE IN TO

DEGREE CERTIFICATE

PLEASE CHECK THE FOLLOWING:

Are you receiving Federal Financial Aid? YES NO
(i.e. Grants, Loans, etc)

Are you receiving Veterans' Assistance? YES NO

PLEASE OBTAIN THE SIGNATURES FROM THE FOLLOWING:

Financial Aid: _____

Academic Advisor: _____

STUDENT SIGNATURE: _____

DATE: _____