FLORIDA GATEWAY COLLEGE
CHANGE OF DEGREE

STUDENT INFORMATION (Please print clearly)

Name: Last: _____ First: _____ Middle: _____

Student ID Number: _____

Enter the degree and program code.

CURRENT DEGREE: Priority 1
Degree:
☐BS/BAS ☐AA ☐ AS ☐AAS ☐ATD ☐Cert
Field of Study:_____
Program Code:_____

CURRENT DEGREE: Priority 2
Degree:
☐BS/BAS ☐AA ☐ AS ☐AAS ☐ATD ☐Cert
Field of Study:_____
Program Code:_____

CURRENT DEGREE: Priority 3
Degree:
☐BS/BAS ☐AA ☐ AS ☐AAS ☐ATD ☐Cert
Field of Study:_____
Program Code:_____

NEW DEGREE: Priority 1
Degree:
☐BS/BAS ☐AA ☐ AS ☐ATD ☐Cert
Field of Study:_____
Program Code:_____

NEW DEGREE: Priority 2
Degree:
☐BS/BAS ☐AA ☐ AS ☐AAS ☐ATD ☐Cert
Field of Study:_____
Program Code:_____

NEW DEGREE: Priority 3
Degree:
☐BS/BAS ☐AA ☐ AS ☐AAS ☐ATD ☐Cert
Field of Study:_____
Program Code:_____

Student Signature _____ Date _____

Office Use Only:

Academic Advisor _____ Date _____

PERT Test _____ TABE Test _____

Financial Aid _____ Date _____

Effective Term _____ Year _____

Registration & Records _____ Date _____

Diploma Type _____ SOAPCOL _____