



ADD/CHANGE PROGRAM AND ADVISOR

Office of the Registrar/Admissions
PO Box 749 Barrow, AK 99723
907-852-1754 or 1757 fax: 907-852-1784
registration@ilisagvik.edu

Programs can be changed or added during any registration period

STUDENT NAME: _____
First Middle Last

SSN: _____ PHONE: _____

ADDRESS: _____
Street/PO Box City State Zip

This change is to be effective in the Fall Spring Summer of Year _____

PROGRAM CHANGE:

ADD PROGRAM CHANGE PROGRAM

New Program: _____

New Degree: A.A. A.S. A.A.S. Certificate Endorsement

ADVISOR CHANGE:

CHANGE ADVISOR

Former Advisor: _____

New Advisor: _____

Current Program: _____

If you are changing advisors, you need the signatures of both your former advisor and your new advisor. If you are adding or changing a program but your advisor does not change, you only need the signature of your current advisor.

Student Signature: _____ Date: _____

Former Advisor Signature: _____ Date: _____

New Advisor Signature: _____ Date: _____

Dean of Academic Affairs: _____ Date: _____

Registration Office: _____ Date: _____