DMACC
DES MOINES AREA COMMUNITY COLLEGE
Life's Calling™

CHANGE OF PROGRAM DATA FORM
(Please Print)

Mail to: DMACC Admissions
2006 S. Ankeny Blvd, Bldg. 1
Ankeny, IA 50023-3993
or
Fax to: 515-964-6391

CURRENT PERSONAL DATA

Name: _____
      (Last)   (First)   (Middle Initial)

Social Security#/DMACC ID#: _____ **Birth Date**: _____
      (Month/Day/Year)

Address:
_____
      (Street Address)

_____
      (City)   (State)   (Zip)

Phone:
H: (_____) _____ C: (_____) _____

Email Address:
_____

EMERGENCY CONTACT INFORMATION

Name: _____
      (Someone to contact in case of an emergency)

Address:
_____
      (Street Address)

_____
      (City)   (State)   (Zip)

Relationship to student: _____ **Phone:** _____
_____ _____

PROGRAM DATA CHANGE

Change/Addition of Program:

                        Full   Part

Current Program _____ Degree _____ ☐ Time or ☐ Time
    (Program)   (Campus)

                        Full   Part

New Program _____ Degree _____ ☐ Time or ☐ Time
    (Program)   (Campus)

    Area of Concentration (if applying for Liberal Arts)_____

    Starting Term _____

Note: When your major is changed you are obligated for the current catalog requirements in effect for the current year. Please contact an advisor for additional assistance.

    All specific program requirements <u>must be met</u> prior to being admitted to certain programs.

Do you wish to withdraw from your current program? ☐ Yes ☐ No

_____ _____
      (Student Signature)   (Date)

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