



# 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  
or  
Email to: admissions@dmacc.edu

## 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:  
Current Program \_\_\_\_\_ Degree \_\_\_\_\_  Full Time or  Part Time  
(Program) (Campus)

New Program \_\_\_\_\_ Degree \_\_\_\_\_  Full Time or  Part Time  
(Program) (Campus)

Area of Concentration \_\_\_\_\_  
(Check this box if you are ONLY adding a concentration to your program.)

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 must be met prior to being admitted to certain programs.**

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

\_\_\_\_\_  
(Student Signature) (Date)