



Change of DARS Year/Term

Part I – To be completed by the Student and then given to your Program Advisor

Request Date: _____

Student's Name: _____ Tech/Star ID: _____

Email: _____ Advisor name: _____

Which program does this apply to?: _____

Degree type (if applicable): AA AAS AS or circle one: DIPLOMA CERTIFICATE

Current YRTR: _____ YRTR to be changed to: _____

Explanation of reason for change: _____

** Please attach any supporting documentation to this form

Part II- To be completed by the Student's Program Advisor, then sent to Academic Affairs

Please sign below if you approve of this request.

Program advisor signature: _____ Date: _____

Part III – To be completed by Academic Affairs and returned to the Transfer Specialist

Change approved _____ Change denied _____

Dean of Academic Affairs signature: _____ Date: _____

For office use only

Date entered on DARS _____ by _____