

COMMUNITY COLLEGE OF ALLEGHENY COUNTY

Allegheny Campus

Academic Advisement
808 Ridge Avenue
Pittsburgh, PA 15212

Boyce Campus

Academic Advisement
595 Beatty Road
Monroeville, PA 15146

North Campus

Academic Advisement
8701 Perry Highway
Pittsburgh, PA 15237

South Campus

Academic Advisement
1750 Clairton Road
West Mifflin, PA 15122

INFORMATION CENTER Phone: 412.237.2222 | Chat: wildcatchat.ccac.edu | Email: advising@ccac.edu

Student Change of Program or Major

Name _____ Student ID _____

I am changing my academic program or major:

From (present program or major) _____ Code # _____

To (new program or major) _____ Code # _____

_____ Code # _____

The new program or major takes effect: Semester _____ Year _____

(Check with an academic advisor to determine how your coursework fits into the new program); program changes made after the end of the drop/add period will be effective for the next term.

Student signature _____ Date _____

College signature _____ Date _____

For restricted enrollment programs (i.e., health career programs), this form must be approved by a department representative.

Enrollment Department signature _____ Date _____

Transfer Students:

To which college or university do you plan to transfer?

School _____

Program _____

FERPA Statement: Under the Family Educational Rights and Privacy Act (FERPA) or 1974, and as amended, I understand that my educational records cannot be released without my written permission. I therefore authorize the release of my education records between the school named above and the Community College of Allegheny County (CCAC) in order to share educational records between the two institutions without violation of FERPA. I understand that this release agreement will be in effect as long as I have declared this intention to transfer. I have the right to rescind this release agreement and end this potential program on my CCAC record.

My signature below is my agreement that CCAC and the school named above may share my educational record to best assist me in planning for a successful transfer.

Student Signature _____ Date _____

OFFICE USE ONLY: Entered by _____ Date _____



OUR GOAL IS YOUR SUCCESS.