

# Change of Curriculum / Program of Study

## Middle Georgia College

Student Name:

Last

First

Middle

MGCID #:

	<b>Major Code/Program</b>	<b>Advisor Signature</b>	<b>Effective Date</b>
<b>Drop</b>			
<b>Take-up</b>			

Check all that apply to you:

I am currently receiving Financial Aid (HOPE, Loans, Scholarships, Grants, etc)

I am receiving Veterans (VA) benefits

I am classified as an International Student

Student Signature & Date

Registrar's Office & Date Keyed

Please submit form to:  
Middle Georgia College  
Office of the Registrar  
1100 Second Street  
Cochran, GA 31014  
Fax 478-934-3049  
regweb@mgc.edu