



SWAINSBORO • 346 Kite Road • Swainsboro, Georgia 30401 • Phone (478) 289-2200 • Fax: (478) 289-2263
VIDALIA • 3001 East First Street • Vidalia, Georgia 30474 • Phone (912) 538-3100 • Fax (912) 538-3156

Southeastern Technical College is an Equal Opportunity Institution

Change of Program Request Form

Student Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Student ID#: _____ Telephone: _____

CAMPUS: Swainsboro ____ Vidalia ____

Current Program of Study _____

(Degree__Diploma__Certificate__)

New Program of Study _____

(Degree__Diploma__Certificate__)

Entry Semester: Fall__Spring__Summer__

Have you lived in Georgia for 12 consecutive months prior to today's date? Yes__No__

I understand when changing my Program of Study, Financial Aid eligibility could change. I need to contact the Financial Aid office for more information.

Are you switching from a Certificate/Diploma program to a Degree program? Yes__No__
(If yes, please complete the "Evaluation for Hope Scholarship" portion of this form to ensure your financial aid is processed correctly.)

Student Signature: _____ Date: _____

**Admissions Office Use Only
(Basic Core Courses Needed)**

None__ ENGL 0090__ READ 0090__ MATH 0090__ MATH 0098

Director of Enrollment Services Date

Evaluation for HOPE Scholarship

Name _____ Social Security Number _____

Address _____

Telephone Number(s) _____

What is your state of legal residence? _____ Date you became legal resident ____/____/____
Month / Year

Did you graduate from high school? ____ If so, what year? _____

Have you previously attended another college or institute? _____

Did you earn a Bachelor's degree? _____

List the name(s) of all postsecondary institutions that you have attended since high school. Students must request academic transcripts from each institution and submit the transcript to Southeastern Technical College. *Your HOPE eligibility cannot be evaluated without all prior academic transcript history.*

Please note that **all degree level work will be evaluated.**

Name of Institution	Dates Attended	Is Transcript in Admission File?

Are you currently enrolled in a Degree program? Yes ____ No ____

If yes, please list the program and specialization _____

If no, what degree and/or specialization do you want to be evaluated for? _____

Your HOPE Scholarship eligibility will be determined once the grades are available for the semester after you have attempted 30, 60, or 90 semester credit hours. Attempted hours include all courses in which a grade was received and courses in which a W or SC was earned. All college work at previous Institutions will be considered in calculating your cumulative GPA. You must have a **3.0 GPA or better** to be eligible for the HOPE Scholarship at the end of the 30, 60, or 90 attempted semester credit hours. Once your eligibility is evaluated, you will be notified by mail of the results. Students must be evaluated before financial aid can be approved for the HOPE Scholarship. Students who need to register may pay cash until your HOPE Scholarship is evaluated. If approved, you will be reimbursed.

Student's Signature _____ Date _____

FOR OFFICE USE ONLY

Number of hours attempted _____

Cumulative GPA at 30 _____ 60 _____ 90 _____ hours

Number of hours transferred into the degree program _____ Quality Points _____ GPA Hours _____

Registrar's Office Signature _____ Date _____ Overall GPA _____