

Student Program Plan Update Request

Term: _____

(RETURN THIS FORM IN-PERSON TO ADMISSIONS AND RECORDS. PLEASE REVIEW THE [PROGRAM PLAN UPDATE GUIDELINES](#) BELOW, BEFORE SUBMITTING.)

Student Name: _____
Last, First

Student ID #: _____

PLEASE SELECT THE PROGRAM / PLAN YOU ARE REQUESTING TO UPDATE TO:

SELECT ONE: ADD CHANGE REMOVE

● Associate in Arts Programs

- Associates in Arts (8400)
- Anthropology (8105)
- Communication (8109)
- Economics (8111)
- English (Literature) (8110)
- Elementary Education (8101)
- Pre-Physical Therapy (8121)
- Fine Arts - Art (8105)
- Fine Arts - Dance (8103)
- Fine Arts - Music (8104)
- Fine Arts - Theatre (8107)
- Food Science & Technology (8136) Fall 2020
- Geography (8113)
- History (8114) Fall 2020
- Nutrition (8115)
- Political Science (8120)
- Psychology (8122)
- Social Work (8117)
- Sociology (8119)
- Sustainability (8123)

● Associate in Science Programs

- Associates in Science (8600)
- Astronomy (8605)
- Biological Sciences (8602)
- Chemistry (8603)
- Computer Science (8601)
- Geography - Meteorology (8604)
- Physics (8606)

● 90/30 NAU Code: _____

● Associate in Applied Science Program:

Title: _____ Code: _____

● Certificate Program:

Title: _____ Code: _____

● Associate in Business

- General Requirements (8900)
- Special Requirements (8800)

● General Studies

- Associates in General Studies (2000)

● Arizona Gen Ed Curriculum

- AGECE - A (8001)
- AGECE - B (8002)
- AGECE - S (8003)

PROGRAM PLAN UPDATE GUIDELINES:

It is recommended that you consult with Academic Advisement before updating your program/plan. Please visit www.estrellamountain.edu/programs to see the most up-to-date list of degree programs for our institution. THIS FORM MUST BE SUBMITTED IN PERSON TO THE ADMISSIONS AND RECORDS OFFICE. THIRD-PARTY SUBMISSIONS WILL NOT BE ACCEPTED.

FOR A&R USE ONLY

Signature: _____ Date: _____

BY SIGNING THIS DOCUMENT, I AGREE THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION IS SUFFICIENT CAUSE FOR REVERSAL OF THIS REQUEST, CANCELLATION OF ENROLLMENT, AND/OR OTHER DISCIPLINARY ACTION.

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