CLINTON
COMMUNITY COLLEGE
STATE UNIVERSITY OF NEW YORK

REQUEST FOR:

(check all applicable)

CURRICULUM CHANGE ☐ ADVISOR CHANGE ☐

Student and current advisor: *Please complete and sign this form and submit it to the Registrar's Office, located in Room M-122.*

Student Name: _____

Student ID Number: _____

Semester of Change: _____

Current Degree/Certificate Program: _____

Current Advisement Option/Track (if applicable): _____

New Degree/Certificate Program: _____

New Advisement Option/Track (if applicable): _____

Student's Signature: _____ Date: _____

Current Advisor's Signature: _____ Date: _____

☐ I'll continue to advise student ☐ Student needs new advisor

Financial Aid Signature: _____ Date: _____

Revised 8/2026