Instructions for completing Change of Level Form

This form is to be completed by a student requesting a change of level within the same program. Examples include but are not limited to: diploma to associate degree (medical assisting and surgical technology), certificate to bachelor degree (medical imaging) and associate degree to diploma.

Eligibility:
   a. A student must be in good academic standing.
   b. A student cannot have any holds on his/her account.
   c. There must be space available in the requested program.
   d. Student must meet any additional admission requirements for the new level prior to the first day of the following semester.

Procedure:

I. Obtain signatures in the following order:
   a. Program Chair: Discuss eligibility and program requirements. The Program Chair will indicate that you meet admissions requirements and are accepted into the program.
   b. Financial Aid department: Discuss financial implications of intent to change level.
   c. Commencement Coordinator: Verify graduation plans and determine any applicable charges. If charges apply, student must obtain Business Office signature.
   d. Business Office (if necessary): Confirm that any applicable fees (i.e. intent to graduate) have been paid.

II. After all signatures have been obtained, submit the completed form to the Associate Registrar.

III. If accepted into a new program, the student will be responsible for completing any additional enrollment requirements. For more information on additional requirements, please refer to the current Cabarrus College catalog.

Change of Level is not complete until all signatures have been obtained and confirmation has been received from the Associate Registrar.

CHANGE OF LEVEL FORMS SUBMITTED AFTER THE FOLLOWING DATES MAY IMPACT GRADUATION PLANS AND FEES:

   October 1 – If change impacts December graduation
   February 1 – If change impacts May graduation

See reverse for Change of Level form.
Change of Level Form

Student Name: ________________________________________________________________

Student SONIS ID #: __________________________________________________________

Current Program/Level: _______________________________________________________  

Desired Program/Level: _______________________________________________________  

Required Signatures

Student: ______________________________________________________________________  _______________

Program Chair: ____________________________________________________________________________  _______________

Financial Aid: ____________________________________________________________________________  _______________

Commencement Coordinator: ____________________________________________________________________________  _______________

Additional Charge: ___ NO ___ YES Amount: $______

If additional charge, Business Office: ______________________________________________________  _______________

FOR ADMINISTRATIVE USE ONLY

Completed Form Received by Associate Registrar: ___________ (date)  Effective Date: _________________ (date)

Program Chair Notified: _________________________________ (date)  Student Notified: ________________ (date)

cc:  ☐ Student File