

Status Change Form

| Student Name: | Student ID: | |
|--|---|--|
| | E-mail Address: | |
| | City, State, Zip: | |
| High School Attended: | Date of Birth: | |
| First Semester after high scho | ool graduation: 🗆 Summer 20 🗆 | Fall 20 |
| I will at | tend: 🗆 Douglas Campus 🗀 Waycr | oss Campus |
| · · · · · · · · · · · · · · · · · · · | colleges and/or technical colleges yo or are taking the courses at your hig | |
| Official, final transcr | ipts must be requested from the other instit | tution(s) and sent to SGSC. |
| I plan to pursue the following pa | thway: (Please check <u>ONE</u> of the followin | ng categories.) |
| Focus Areas: Arts Focus Area Humanities Focus Area Social Sciences Focus Areas Business Focus Area Education Focus Area Health Professions Focus Area STEM Focus Area Associate of Art: Communications English Foreign Language History Political Science Psychology Sociology Theatre | □ Business Administration □ Chemistry □ Computer Science □ Criminal Justice □ Education □ Early Childhood □ Health & Physical Education □ Middle Grades □ Secondary Education (must also choose from AA or AS field of study) □ Special Education □ Speech Language Pathology Associate of Science in Nursing: | Bachelor of Science* □Biological Sciences □Pre-Professional □Nature * Ecology □Education- Elementary/Special Ed □Long-term Healthcare Management □Management □FinTech □Marketing □Organizational Behavior □Nursing □Public Service and Non-profit Leadership Bachelor of Art* □Professional, Business, & |
| | □Nursing □LPN/RN Bridge Program final high school transcript showing to SGSC as soon as possible followin | • • |
| Signature | Date | |