



## ADD/CHANGE PROGRAM AND ADVISOR

Office of the Registrar/Admissions  
PO Box 749 Barrow, AK 99723  
907-852-1754 or 1757 fax: 907-852-1784  
registration@ilisagvik.edu

**Programs can be changed or added during any registration period**

STUDENT NAME: \_\_\_\_\_  
First Middle Last

SSN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street/PO Box City State Zip

This change is to be effective in the ☐ Fall ☐ Spring ☐ Summer of Year\_\_\_\_\_

### PROGRAM CHANGE:

☐ ADD PROGRAM ☐ CHANGE PROGRAM

New Program: \_\_\_\_\_

New Degree: ☐ B.B.A. ☐ A.A. ☐ A.S. ☐ A.A.S. ☐ Certificate ☐ Endorsement

### ADVISOR CHANGE:

☐ CHANGE ADVISOR

Former Advisor: \_\_\_\_\_

New Advisor: \_\_\_\_\_

Current Program: \_\_\_\_\_

If you are changing advisors, you need the signatures of both your former advisor and your new advisor. If you are adding or changing a program but your advisor does not change, you only need the signature of your current advisor.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Former Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Academic Affairs: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Office: \_\_\_\_\_ Date: \_\_\_\_\_