



Early College Intent to Add or Change Program

208.524.3000 phone – 208.525.7026 fax

1600 S 25th E – Idaho Falls, ID 83404 – www.cei.edu

Complete all highlighted areas
and email form to
admissions@cei.edu. Your
new advisor will help you
complete the rest

Student Information

Date _____ Student ID# _____
Name _____
Address _____ Phone _____
City _____ State _____ Zip Code _____

Current Program Information

Current Program Early College Catalog Year _____
Term withdrawing from current program _____ Term graduating from current program _____

New Program

New program and degree
(i.e. General Education,
Healthcare, Trades, etc.) _____
Start term and year of new program _____
New faculty advisor _____

Signatures (Required)

Admission Counselor _____ Date _____
Student Signature _____ Date _____

Please check any institution you have received college credit from:

Community College: CEI CSI CWI NIC

Universities: BSU BYU-I ISU LCSC NNU U of I

Other: _____

Office Use Only

Notification email of change sent to Student,
Registrar, New Advisor, BO, FA, and VA _____ Date _____

Signatures

The following individuals must sign for the form to be complete

New Admission Counselor _____ Date _____
Financial Aid _____ Date _____
VA Coordinator _____ Date _____
Registrar _____ Date _____

Original in student file

GRADE VERIFY TRANSCRIPT SACP STAD