



Early College Intent to 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
ceiadvising@cei.edu. Your
new advisor will help you
complete the rest

Student Information

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

Current Program Information

Current Program Early College Catalog Year _____
 Month and Year Graduating from High School _____ Are you taking any CEI classes right now _____

New Program

New program and degree - What program do you want to pursue at CEI?
 Please be specific i.e. Healthcare, Trades, Nursing, Surgical Tech, etc.
 If you are undecided, please write General Education
 and specify either Associate of Arts or Associate of Science.

What term do you intent to start the new program? _____

New 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 RGPE PERC