



# Intent to Add or Change Program

208.524.3000 ext. 4 phone – 208.525.7026 fax  
1600 S 25<sup>th</sup> E – Idaho Falls, ID 83404 – www.cei.edu

## Student Information

Date \_\_\_\_\_ Student ID# \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

## Current Program

Program and Degree \_\_\_\_\_ Catalog Year \_\_\_\_\_  
Term Withdrawing \_\_\_\_\_ Term Graduating \_\_\_\_\_

## New Program

Change  Add

New Program/Degree \_\_\_\_\_ Year and Term \_\_\_\_\_  
New Faculty Advisor \_\_\_\_\_

## Required Signatures

Current FA or AA \_\_\_\_\_ Date \_\_\_\_\_  
Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Office Use Only

Notification email to Student, Registrar, New  
Advisor, BO, FA, and VA \_\_\_\_\_ Date \_\_\_\_\_

## Signatures

The following individuals must sign for the form to be complete

New Academic Advisor \_\_\_\_\_ Date \_\_\_\_\_  
Financial Aid \_\_\_\_\_ Date \_\_\_\_\_  
VA Coordinator \_\_\_\_\_ Date \_\_\_\_\_  
Registrar \_\_\_\_\_ Date \_\_\_\_\_

*Verified*  
 SACP  STAD  STAC  STAL  PERC