



Intent to Add or Change Program

208.524.3000 ext. 2 phone – 208.525.7026 fax
1600 S 25th 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