



Date _____

Quarter: _____

Change of Degree/Program/Catalog

Email completed form to: melisa.hamilton@icci.edu.ky or drop off form at the Registrar’s Office. Kindly attach a copy of your PICTURE ID as proof of identification.

Last Name: _____ First Name: _____

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FORMER Degree: _____

Major _____

Concentration _____

NEW Degree: _____

Major _____

Concentration _____

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FORMER Catalog: _____

NEW Catalog: _____

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Advisor’s Signature/Date

Dean’s Signature/Date (for new Catalog)

Student’s Signature/Date

Registrar’s Signature/Date