



Instructions for completing Change of Level Form

This form is to be completed by a student requesting a change of level within the same program. Examples include but are not limited to: diploma to associate degree (medical assisting and surgical technology), certificate to bachelor degree (medical imaging) and associate degree to diploma.

Eligibility:

- a. A student must be in good academic standing.
- b. A student cannot have any holds on his/her account.
- c. There must be space available in the requested program.
- d. Student must meet any additional admission requirements for the new level prior to the first day of the following semester.

Procedure:

- I. Obtain signatures in the following order:
 - a. Program Chair: Discuss eligibility and program requirements. The Program Chair will indicate that you meet admissions requirements and are accepted into the program.
 - b. Financial Aid department: Discuss financial implications of intent to change level.
 - c. Commencement Coordinator: Verify graduation plans and determine any applicable charges. If charges apply, student must obtain Business Office signature.
 - d. Business Office (if necessary): Confirm that any applicable fees (i.e. intent to graduate) have been paid.
- II. After all signatures have been obtained, submit the completed form to the Associate Registrar.
- III. If accepted into a new program, the student will be responsible for completing any additional enrollment requirements. For more information on additional requirements, please refer to the current Cabarrus College catalog.

**Change of Level is not complete until all signatures have been obtained
and confirmation has been received from the Associate Registrar.**

CHANGE OF LEVEL FORMS SUBMITTED AFTER THE FOLLOWING DATES MAY IMPACT GRADUATION PLANS AND FEES:

October 1 – If change impacts December graduation

February 1 – If change impacts May graduation

See reverse for Change of Level form



Change of Level Form

Student Name: _____

Student SONIS ID # : _____

Current Program/Level: _____

Desired Program/Level: _____

Required Signatures

Date

Student: _____

Program Chair: _____

Financial Aid: _____

Commencement Coordinator: _____

Additional Charge: ___ NO ___ YES Amount: \$_____

If additional charge, Business Office: _____

FOR ADMINISTRATIVE USE ONLY

Completed Form Received by Associate Registrar: _____ (date) Effective Date: _____ (date)

Program Chair Notified: _____ (date) Student Notified: _____ (date)

cc:

Student File