



MADISON COLLEGE

Program Plan Change Request Form

Architectural Technology Program

INSTRUCTIONS - This form is to be submitted by the student to request to change his or her program plan as determined with assistance from an advisor.

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Initial _____
 Mailing Address: Street _____ Apartment _____
 City _____ State _____ Zip Code _____
 Student ID _____

PROGRAM INFORMATION

Select the appropriate program information:

Architectural Technology Transfer Regular

Admittance Term _____ Requirement Term _____

STUDENT SIGNATURE & AGREEMENT

By signing, I certify that I have met with an advisor regarding the above plan change request.

Student Signature _____ Date _____

ADVISOR SIGNATURE & APPROVAL

By signing, I certify that I have consulted with the above named student and approve his/her plan change request.

Academic Advisor Name _____

Academic Advisor Signature _____ Date _____

OR

Program Director Name _____

Program Director Signature _____ Date _____

SUBMISSION INSTRUCTIONS

Please sign and submit your completed form in **one** of the following ways:

In-person (preferred): Enrollment Center - Truax Campus, Rm. A1000 or any regional or metro campus

Fax: (608) 243-4353

Mail: Enrollment Center, Madison College, 1701 Wright Street, Madison, WI 53704

Questions? For further assistance, contact the Student Development Center at (608) 246-6076 to schedule an appointment with an Academic Advisor.

Truax, Regional & Metro Campus Staff Only- Date stamp, initial and email to intake@madisoncollege.edu.

Date Received _____ Staff Initials _____