

**Florida State College at Jacksonville
Program Plan Change Form**

Student's Name: _____ **EMPLID:** _____

Print First and Last Name

Your **EMPLID** is found in the upper right hand corner of your MyFSCJ portal. Click on your name to see your dropdown information, which includes your **EMPLID**.

Complete all sections below, sign the completed form, and then attach to Help Desk Ticket through help.fscj.edu

Indicate your current Program Plan and current Requirement Term:

Current Program Plan Name: _____

Current Program Plan Code: _____

Current Requirement Term: _____ (ex: Fall 2017)

Are you graduating from this program? Yes or No

Indicate your requested Program Plan and requested Requirement Term:

Requested Program Plan Name: _____

Requested Program Plan Code: _____

Requested Requirement Term: _____ (ex: Fall 2017)

Indicate the reason for Program Plan change:

Student's Signature: _____ **Date:** _____

Advisor's Signature (If Applicable): _____