

Request to Change Admissions Term

Student ID:	Last Na	ame:	First Name:
Original Admission Term (Term and Year): Did you attend MDC prior to this admissions application?		New Admission Term (Term and Year): YES	Program/Plan: NO
1. Changing the requesting to c the required do 2. Applicants on changing the to 3. Applicants chaprogram such a	roll in classed admissions a serm of admination financial aiderm of adminating their as Nursing, or admission, and	es in a term prior to the admission term on and Registration at their Campus. Please r issions may change an applicant's eligibil admissions term and who wish to claim in- n for the term they plan to begin attending d or applying for financial aid must conta ssion may affect the status of financial aid	ity for residency for tuition purposes. Applicants state residency for tuition purposes, must provide to the Office of Financial Aid to determine how or scholarships. a separate application for a selective admissions program for instructions.
Student Signature			Date
		ment must be imaged in the stude	
Date Pro	cessed:		