



Red Deer College  
 100 College Blvd  
 Box 5005  
 Red Deer, Alberta  
 CANADA T4N 5H5  
 Telephone: 403.342.3400  
 Fax: 403.357.3660  
 E-mail: registrars@rdc.ab.ca  
 Web-site: www.rdc.ab.ca

# CHANGE OF PROGRAM OR PROGRAM MAJOR

*The personal information that you provide on this form is being collected under the authority of the Post-Secondary Learning Act and the Freedom of Information and Protection of Privacy Act of Alberta. It will be used by the Registrar's Office for the purpose of changing a program and/or a major area of study. The information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta. The information will be retained by the department in accordance with approved Information Management guidelines, after which it will be destroyed in a secure manner. If you have any questions about the collection and use of this personal information, please contact the Registrar's Office, Red Deer College, 100 College Blvd., Box 5005, Red Deer, AB T4N 5H5. Telephone 403.342.3300.*

- Use this form for future terms only.
- A change in program/major or courses may affect your student funding.
- You must meet admission requirements for the new program/major.
- You must be accepted into the program/major before making changes to your registration.

## PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
RDC STUDENT ID #	DATE OF BIRTH (YYYY-MM-DD)	E-MAIL ADDRESS

## PERMANENT MAILING ADDRESS (tax forms)

STREET		CITY OR TOWN
PROVINCE	POSTAL CODE	PHONE NUMBER

## CURRENT MAILING ADDRESS (all other mail)

STREET		CITY OR TOWN
PROVINCE	POSTAL CODE	PHONE NUMBER

## EMERGENCY OR ALTERNATE CONTACT

LAST NAME		FIRST NAME
HOME PHONE	BUSINESS PHONE	RELATIONSHIP TO APPLICANT

## PROGRAM INFORMATION

CURRENT PROGRAM MAJOR		
TYPE OF STUDENT (Choose <input checked="" type="checkbox"/> one)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	CURRENT YEAR OF PROGRAM (Choose <input checked="" type="checkbox"/> one) <input type="checkbox"/> 1 <sup>ST</sup> YEAR <input type="checkbox"/> 2 <sup>ND</sup> YEAR
NEW PROGRAM MAJOR	FIRST CHOICE	SECOND CHOICE

## TERM FOR NEW PROGRAM

TERM	FALL (Sept. - Dec.)	WINTER (Jan. - April)	SPRING (May/June)	SUMMER (July/Aug.)
	YEAR	YEAR	YEAR	YEAR

## FOR UNIVERSITY TRANSFER STUDENTS

To which University might you transfer?	
STUDENT SIGNATURE	DATE

FOR OFFICE USE ONLY