SCHOOL OF EDUCATION
EDUCATIONAL POLICY AND COMMUNITY STUDIES

CHANGE OF STUDENT PLAN/PROGRAM FORM

Student's Name _____

Please indicate your Racial/Ethnic Heritage: (Check one)

_____African American/Black
_____American Indian or Alaska Native
Tribal affiliation _____
_____Southeast Asian: Cambodian, Hmong, Laotian, Vietnamese
_____Other Asian/Pacific Islander
_____Hispanic/Latino
_____White/Non-Hispanic

Social Security Number _____

Campus ID_____

Previous Program_____ Year _____

New Program_____EDCS_____ Year _____

New Plan_____Teacher Certification_____ Code EDUCCT4___

New Subplan _____Alternative Education_____ Code EXALT6CT4_

PLEASE INCLUDE A COPY OF YOUR DPI CERTIFICATION

Where did you get your bachelor degree? _____

Do you have a master degree? _____ If so, from what institution? _____

Effective Term Fall ___ Spring ___ Summer ___

_____ _____
Student's Signature (MUST BE SIGNED) **Date**

_____ _____
SOE Signature **Date**

PLEASE RETURN THIS FORM WITH A COPY OF YOUR WISCONSIN DPI CERTIFICATE TO THE SECOND FLOOR OFFICE OF ACADEMIC SERVICES (ENDERIS 209)