



H. LAVITY STOUTT COMMUNITY COLLEGE

OFFICE OF THE REGISTRAR, P. O. BOX 3097, ROAD TOWN, TORTOLA, VG1110
BRITISH VIRGIN ISLANDS

CHANGE PROGRAMME/ADD PROGRAMME REQUEST FORM

Name (First, Middle Initial, Last)

Address (Mailing)

Address (Physical)

Student ID Number

Home Telephone Number

Work /Cell Number

Request Date

Old Programme Name

Old Programme Level Certificate of Achievement
 Associate Degree

Change to New Programme - Add Second Degree /Certificate

New Programme Name

New Programme Level Certificate of Achievement
 Associate Degree

Student's Signature

Signature Head of Department _____

Office Use Only Date Prepared _____ Initials _____

06/2012



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