

FOR THOSE SEEKING A DEGREE

- [1] Students should consult with an Academic Advisor before completing this form!
- [2] If you have already filed an "Intent to Graduate" or "Request for Technical Certificate", and need to change your program for graduation, please email the records office. Do NOT submit this form to change your graduation information!
- [3] Majors are changed for currently enrolled students submitting this form on or before the last day of finals for the current term. **Forms submitted for a term that has ended must be approved by Financial Aid and Records.** For applicants, the change of major will apply to your admissions application term.
- [4] Student's Name _____
- [5] Student's ID Number _____ Student's Phone Number (____) _____
- [6] Indicate your new major by completing **ONLY ONE** of the sections below. DO NOT COMPLETE MULTIPLE SECTIONS or form cannot be processed.
- [7] Student signature (required for processing) _____ Date _____

TBR Community College Paths to TBR and UT Four Year Universities – TENNESSEE TRANSFER PATH MAJOR
These degrees are for students who plan to transfer into a TBR or UT university baccalaureate program.

- | | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Early Child Edu Pre K-3 | <input type="checkbox"/> Information Systems | <input type="checkbox"/> Philosophy | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Agriculture-Animal Science | <input type="checkbox"/> Economics | <input type="checkbox"/> International Affairs | <input type="checkbox"/> Physical Education | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Agriculture-Agricultural Business | <input type="checkbox"/> Engineering, Civil | <input type="checkbox"/> Kinesiology | <input type="checkbox"/> Physics | <input type="checkbox"/> Sociology |
| <input type="checkbox"/> Agriculture-Plant & Soil Science | <input type="checkbox"/> Engineering, Mechanical | <input type="checkbox"/> Management | <input type="checkbox"/> Political Science | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Anthropology | <input type="checkbox"/> English | <input type="checkbox"/> Marketing | <input type="checkbox"/> Pre-Clinical Lab Sciences | <input type="checkbox"/> Speech Communication |
| <input type="checkbox"/> Art (Studio) | <input type="checkbox"/> Exercise Science | <input type="checkbox"/> Mass Communication | <input type="checkbox"/> Pre-Dental Hygiene | <input type="checkbox"/> Sport & Leisure Mgmt |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Finance | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Pre-Health Professions* | <input type="checkbox"/> Theatre Arts |
| <input type="checkbox"/> Business Administration | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Music (AFA degree) | <input type="checkbox"/> Pre-Occupational Therapy | |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Geography | <input type="checkbox"/> Nutrition & Food Science | <input type="checkbox"/> Pre-Physical Therapy | |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> History | | | |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Imaging Sciences | | | |
- *includes Dentistry, Medicine, Optometry, Pharmacy, Veterinary Medicine*

Columbia State Community College – UNIVERSITY PARALLEL MAJOR
These degrees are for students who plan to transfer into a university baccalaureate program.

Please mark one degree: Associate of Science ****OR**** Associate of Arts (requires 6 hours of the same foreign language)

----- PLEASE MARK ONLY ONE EMPHASIS -----

- | | |
|---|---|
| <input type="checkbox"/> No Emphasis | FOR PROGRAM APPLICANTS |
| <input type="checkbox"/> Commercial Entertainment | <input type="checkbox"/> Pre Allied Health Science-Anesthesia Tech |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Pre Allied Health Science-Med Lab Tech |
| <input type="checkbox"/> Humanities | <input type="checkbox"/> Pre Allied Health Science-Nursing |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Pre Allied Health Science-Radiologic Tech |
| <input type="checkbox"/> Teaching: K-5 (AST degree, Teaching major) | <input type="checkbox"/> Pre Allied Health Science-Respiratory Care |
| | <input type="checkbox"/> Pre Allied Health Science-Veterinary Tech |

Columbia State Community College - ASSOCIATE OF APPLIED SCIENCE DEGREES (CAREER ENTRY PROGRAMS)

- | | |
|---|---|
| <input type="checkbox"/> Business: Administrative Professional Technology | <input type="checkbox"/> Criminal Justice Technology |
| <input type="checkbox"/> Business: Management | <input type="checkbox"/> Engineering Systems Technology |
| <input type="checkbox"/> Business: Medical Office Administration | <input type="checkbox"/> General Technology |
| <input type="checkbox"/> Computer Information Technology: Cyber Defense | <input type="checkbox"/> Medical Informatics |
| <input type="checkbox"/> Computer Information Technology: Mobile Technologies | |
| <input type="checkbox"/> Computer Information Technology: Networking | |
| <input type="checkbox"/> Computer Information Technology: Programming | |

Transfer Agreements (Articulations)

To view other transfer agreements go to [www.columbiastate.edu/admissions/transfer-information/transfer-agreement-degrees-\(-articulations-\)](http://www.columbiastate.edu/admissions/transfer-information/transfer-agreement-degrees-(-articulations-)) for assistance.

OFFICE USE ONLY FOR PROCESSORS: Eligible for Degree? Yes No **(give to Records if "No")**

Intent: NA Review **(give form to Records if "Review" is circled)** VA: NA Review **(give copy to Fin Aid if "Review" is circled)**

Changing **FROM** NONE/Cert. **TO** a degree? Y N **(give copy to Financial Aid if "Y" is circled)**

If changing TO a degree: Placement need? Y N • Documents? NA HS Coll ACT Other • Admit Type _____ Student Type _____

Date changes made _____ Initials _____ • DATE SENT TO DIVISION: _____ **Form COSCC-SB1d-COM-05-06-19**

ACADEMIC DIVISION USE ONLY: New Advisor _____ Date Assigned _____ Initials _____