UNITED TRIBES TECHNICAL COLLEGE

Vocation Change Form

NAME_____DATE_____

ID # _____

1. Must be completed no later than the tenth instructional class day of the term.

2. Current
   Vocation_____

   Degree or Certificate *(Circle One)*

3. New
   Vocation_____

   Degree or Certificate *(Circle One)*

4. Financial Aid Officer/Technician must initial after funding source has been notified **by the student**.

   _____/_____
   Initial Date

5. Turn in to the Registrar's Office

_____ _____
Current Advisor's Signature Date

_____ _____
New Advisor's Signature Date

_____ _____
Registrar's Signature Date

*__MUST HAVE ALL SIGNATURES FOR VOCATIONAL CHANGE TO BE OFFICIAL*__

cc: **Student**
Current Advisor
New Advisor