



The Peninsula's Community College

PROGRAM PLAN DECLARATION FORM

(Please complete in Blue or Black Ink)

Processed by: \_\_\_\_\_ Date Processed \_\_\_\_\_

EMPLID# (Student ID) \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Current Program of Study _____	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete	New Program of Study <u>Nursing</u> Degree Type <input checked="" type="checkbox"/> AAS <input type="checkbox"/> AAA <input type="checkbox"/> AS <input type="checkbox"/> AA <input type="checkbox"/> Cert. <input type="checkbox"/> CSC Effective Semester <u>Fall 2021</u>
Current Program of Study _____	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete	New Program of Study _____ Degree Type <input type="checkbox"/> AAS <input type="checkbox"/> AAA <input type="checkbox"/> AS <input type="checkbox"/> AA <input type="checkbox"/> Cert. <input type="checkbox"/> CSC Effective Semester _____
Current Program of Study _____	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete	New Program of Study _____ Degree Type <input type="checkbox"/> AAS <input type="checkbox"/> AAA <input type="checkbox"/> AS <input type="checkbox"/> AA <input type="checkbox"/> Cert. <input type="checkbox"/> CSC Effective Semester _____
Current Program of Study _____	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete	New Program of Study _____ Degree Type <input type="checkbox"/> AAS <input type="checkbox"/> AAA <input type="checkbox"/> AS <input type="checkbox"/> AA <input type="checkbox"/> Cert. <input type="checkbox"/> CSC Effective Semester _____
Current Program of Study _____	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete	New Program of Study _____ Degree Type <input type="checkbox"/> AAS <input type="checkbox"/> AAA <input type="checkbox"/> AS <input type="checkbox"/> AA <input type="checkbox"/> Cert. <input type="checkbox"/> CSC Effective Semester _____
Current Program of Study _____	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete	New Program of Study _____ Degree Type <input type="checkbox"/> AAS <input type="checkbox"/> AAA <input type="checkbox"/> AS <input type="checkbox"/> AA <input type="checkbox"/> Cert. <input type="checkbox"/> CSC Effective Semester _____

Prerequisites (specify) \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_  
Student Signature/Date

*Karen E Lynch*  
ES/Advisor/Counselor Signature/Date 10/13/21 NA Certifying Official Signature/Date

Note: Students receiving VA Benefits must also receive approval from the Office of Veteran Affairs.