THOMAS NELSON
The Peninsula's Community College

PROGRAM PLAN DECLARATION

Processed by: _____ Date Processed _____

Last 4 digits of EMPLID# (Student ID) _____ First Name: _____ Last Name _____

Current Program of Study _____	◯ Add ◯ Update ◯ Delete	New Program of Study _____ Degree Type ◯ AAS ◯ AAA ◯ AS ◯ AA ◯ Cert ◯ CSC Effective Semester _____
Current Program of Study _____	◯ Add ◯ Update ◯ Delete	New Program of Study _____ Degree Type ◯ AAS ◯ AAA ◯ AS ◯ AA ◯ Cert ◯ CSC Effective Semester _____
Current Program of Study _____	◯ Add ◯ Update ◯ Delete	New Program of Study _____ Degree Type ◯ AAS ◯ AAA ◯ AS ◯ AA ◯ Cert ◯ CSC Effective Semester _____
Current Program of Study _____	◯ Add ◯ Update ◯ Delete	New Program of Study _____ Degree Type ◯ AAS ◯ AAA ◯ AS ◯ AA ◯ Cert ◯ CSC Effective Semester _____
Current Program of Study _____	◯ Add ◯ Update ◯ Delete	New Program of Study _____ Degree Type ◯ AAS ◯ AAA ◯ AS ◯ AA ◯ Cert ◯ CSC Effective Semester _____
Current Program of Study _____	◯ Add ◯ Update ◯ Delete	New Program of Study _____ Degree Type ◯ AAS ◯ AAA ◯ AS ◯ AA ◯ Cert ◯ CSC Effective Semester _____

Prerequisites (specify) _____

Additional Notes: _____

_____

_____ _____ _____

Student Signature/Date ES/Advisor/Counselor Signature/Date VA Certifying Official Signature/Date

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