



Mission: To inspire lifelong learning and leadership through experience, excellence, and innovation.
Vision: Transforming the future through innovative learning.
Values: We value learner success, integrity, respect, community, excellence and innovation.

CHANGE/ADDITION OF PROGRAM MAJOR

Lakeland College complies with the *Freedom of Information and Protection of Privacy Act* of Alberta. Information collected on this form is used in the normal course of College operations in accordance with s.33(c) of the legislation, for the administration of academic programs. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (5707 College Drive, Vermilion AB; 780-853- 8524; FOIP@lakelandcollege.ca).

This form is to be used for students changing majors in the **Agribusiness, Animal Science Technology, Business Administration or Environmental Sciences** diploma programs. The change/addition of major declaration should be made before the start of the semester and no later than the last day to add classes for the term.

Students changing majors in Agribusiness, Animal Science Technology and Business Administration require the approval of the Academic Advisor. Environmental Sciences changes may be subject to GPA requirements or class quotas and require the approval of the Department Chair.

Form can be submitted in person to Student Services or email to records@lakelandcollege.ca.

STUDENT INFORMATION *Please print*

First Name:	Middle Name:	Last Name:
Student ID:	Email:	

PROGRAM INFORMATION

Agribusiness
 Animal Science Technology
 Business Administration
 Environmental Sciences

<input type="checkbox"/> I am requesting a program major change	<input type="checkbox"/> I am requesting a secondary major
Current Major:	Current Major:
NEW Major:	SECONDARY Major:
Change Effective: <input type="checkbox"/> Fall (Sept-Dec) <input type="checkbox"/> Winter (Jan-Apr)	Change Effective: <input type="checkbox"/> Fall (Sept-Dec) <input type="checkbox"/> Winter (Jan-Apr)

Student Signature:	Date:
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Program Academic Advisor/Chair:	Date:
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