

VIRGINIA PENINSULA COMMUNITY COLLEGE

PROGRAM PLAN DECLARATION

Processed by: _____ Date Processed _____

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

Current Program of Study _____	<input checked="" type="radio"/> Add <input type="radio"/> Update <input type="radio"/> Delete	New Program of Study <u>Nursing</u> Degree Type <input checked="" type="radio"/> AAS <input type="radio"/> AAA <input type="radio"/> AS <input type="radio"/> AA <input type="radio"/> Cert <input type="radio"/> CSC Effective Semester <u>Fall 2023</u>
Current Program of Study _____	<input type="radio"/> Add <input type="radio"/> Update <input type="radio"/> Delete	New Program of Study _____ Degree Type <input type="radio"/> AAS <input type="radio"/> AAA <input type="radio"/> AS <input type="radio"/> AA <input type="radio"/> Cert <input type="radio"/> CSC Effective Semester _____
Current Program of Study _____	<input type="radio"/> Add <input type="radio"/> Update <input type="radio"/> Delete	New Program of Study _____ Degree Type <input type="radio"/> AAS <input type="radio"/> AAA <input type="radio"/> AS <input type="radio"/> AA <input type="radio"/> Cert <input type="radio"/> CSC Effective Semester _____
Current Program of Study _____	<input type="radio"/> Add <input type="radio"/> Update <input type="radio"/> Delete	New Program of Study _____ Degree Type <input type="radio"/> AAS <input type="radio"/> AAA <input type="radio"/> AS <input type="radio"/> AA <input type="radio"/> Cert <input type="radio"/> CSC Effective Semester _____
Current Program of Study _____	<input type="radio"/> Add <input type="radio"/> Update <input type="radio"/> Delete	New Program of Study _____ Degree Type <input type="radio"/> AAS <input type="radio"/> AAA <input type="radio"/> AS <input type="radio"/> AA <input type="radio"/> Cert <input type="radio"/> CSC Effective Semester _____
Current Program of Study _____	<input type="radio"/> Add <input type="radio"/> Update <input type="radio"/> Delete	New Program of Study _____ Degree Type <input type="radio"/> AAS <input type="radio"/> AAA <input type="radio"/> AS <input type="radio"/> AA <input type="radio"/> Cert <input type="radio"/> CSC Effective Semester _____

Prerequisites (specify) _____

Additional Notes: _____

 Student Signature/Date


 ESI/Advisor/Counselor Signature/Date

 VA Certifying Official Signature/Date

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