## VIRGINIA PENINSULA COMMUNITY COLLEGE

## PROGRAM PLAN DECLARATION

	Processed by:	Date Processed
Last 4 digits of EMPLID# (Student ID) Firs	st Name:	Last Name
Current Program of Study	OAdd OUpdate ODelete	New Program of Study  Degree Type AAS AAA AS AA Cert CSC  Effective Semester
Current Program of Study	OAdd OUpdate ODelete	New Program of Study  Degree Type AAS AAA AS AA Cert CSC  Effective Semester
Current Program of Study	OAdd OUpdate ODelete	New Program of Study  Degree Type AAS AAA AS AA OCert CSC  Effective Semester
Current Program of Study	OAdd OUpdate ODelete	New Program of Study  Degree Type AAS AAA AS AA Cert CSC  Effective Semester
Current Program of Study	OAdd OUpdate ODelete	New Program of Study  Degree Type OAAS OAA OAS OAA OCERT O CSC  Effective Semester
Current Program of Study		New Program of Study  Degree Type AAS AAA AAA Cert CSC  Effective Semester
Prerequisites (specify)		
Additional Notes:		
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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.		