



ACADEMIC CHANGE REQUEST FORM

PERSON SUBMITTING CHANGE: [Click here to enter text.](#)

TYPE OF CHANGE: [Click here to enter text.](#)

NARRATIVE (Please indicate what the current procedure is if any, a description of the proposed change and the relevance of such a change)

[Click here to enter text.](#)

Date taken to Program Department Chair: _____

Comments: _____

Signature _____

Date taken to Dean of Instruction: _____

Comments: _____

Signature _____

Date taken to Registrar: _____

Comments: _____

Signature _____

Date taken to VPSIS: _____

Comments: _____

Signature: _____

Date taken to Academic Affairs Committee: _____

Comments: _____

Signature _____

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1-800-658-4655 | 785-738-2276

Hays Campus
2205 Wheatland Ave. | Hays, Kansas 67601
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