

This form is only to be used for updating program plans on active applications.

Last Name: _____ First Name: _____

FSCJ User ID/Connections Login: _____ Phone number: _____

myFSCJ EMPLID: _____

Your **EMPLID** is found in the upper right hand corner of your myFSCJ portal. Click on your name to see your dropdown information, which includes your **EMPLID**.



Complete all sections below, sign, then email to admissions@fscj.edu for processing.

Indicate your current program plan as submitted on application:

MyFSCJ Program of Study/Plan Name: _____

MyFSCJ Program of Study/Plan Number: _____

Indicate your requested Primary Program Plan for Fall Term/August 28, 2017:

MyFSCJ Program of Study/Plan Name: _____

MyFSCJ Program of Study/Plan Number: _____

*** If you are switching to a limited or selective access plan, there is normally a separate application process and these programs have additional and unique admissions criteria. Please review the College Catalog for the minimum admissions criteria for the program you are interested in. If you have any questions speak with an Academic Advisor. ***

Indicate the reason for program plan change:

Student signature _____ Date _____

By submitting this form, I acknowledge and confirm that the above information is correct and I grant permission to the College to update my current application.

If you need ADA assistance with these documents, please contact Denise Giarrusso in the Office for Students with Disabilities at dgiarrus@fscj.edu or (904) 361-6216.

Internal Use Only	
Date of review	
Completed by	
Contacted student	

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