FLORIDA STATE COLLEGE
AT JACKSONVILLE™

Application Plan Update Form

This form is only to be used for updating program plans on <u>active</u> applications.

Last Name: _____   **First Name:** _____

MyFSCJ EMPLID: _____   **Phone number:** _____

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 attach to Help Desk Ticket (help.fscj.edu) for processing.

Indicate your current Program Plan and Requirement Term as submitted on application:

Application Program Plan Name: **_____**

Application Program Plan Number: **_____**

Application Requirement Term: **_____**

Indicate your requested Primary Program Plan and Requirement Term:

Requested Program Plan Name: **_____**

Requested Program Plan Number: **_____**

Requested Requirement Term: **_____**

*** 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	

Complete all sections above, sign, then attach to Help Desk Ticket (help.fscj.edu) for processing.