

Request for Change of Program Major



Pine
Technical
College

Revised: 3/2010

Please Print

Date: _____ Semester: _____

Name: _____ Student ID #: _____
Last First MI

Address: _____ Home Phone: _____
Street Apt #

City State Zip Cell/Work Phone: _____

E-Mail Address: _____

Present Program Major: _____ New Program Major: _____

Student Signature: _____

Return to Records Office

 800.521.7463/
320.629.5100

 www.pinetech.edu

 900 Fourth Street SE
Pine City, MN 55063



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MINNESOTA STATE COLLEGES
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