

AUTHORIZATION TO CHANGE ADMISSION APPLICATION START TERM

Student Name: _____ Gavilan ID#: G00 _____

Which term did you originally apply for? (circle one and fill in year) Spring Summer Fall 20_____

Which term do you wish to change it to? (circle one and fill in year) Spring Summer Fall 20_____

Signature: _____ Date: _____

Please note that this form can only be used to update an application start term to one term before or after the term listed on the original application. This form must be submitted and approved prior to the first day of the desired term.