

OZARKS TECHNICAL COMMUNITY COLLEGE

PETITION FOR CHANGE OF ADMIT STATUS

Office of the Registrar

Name: _____
Last
First
MI

Student ID Number: _____ Phone Number: (_____) _____ - _____

Change to Visiting from Degree Seeking

Visiting Students do not plan to pursue a degree at OTC and are not seeking financial aid at OTC.

Visiting Students must acknowledge the following:

- I am acting as my own advisor and I am aware of my course requirements.
- I am responsible for ensuring I meet all prerequisites for the classes in which I enroll and for confirming the classes will transfer back to my home institution.
- I am responsible for accessing my MyOTC login information and enabling my account.
- I am responsible for adhering to all registration, academic and payment deadlines published on the OTC website.
- I am not eligible for financial aid disbursements or the A+ scholarship at OTC.
- I am required to obtain an OTC Smart Card.

Change to Degree Seeking from Visiting

Desired Program: _____

Degree seeking students must acknowledge the following:

- I understand that I need to provide official college transcripts from ALL previously attended colleges/institutions.
- I understand that if I am seeking financial aid I will need to provide an official high school transcript as well.
- I understand that my registration activity will be reviewed during this request. If I have not met the prerequisites for an enrolled course, I will be removed from the course unless I provide a transcript showing that I have met the prerequisites.

_____/_____/_____
 Student Signature Date

To submit this form, stop by any Student Services location to drop off
 or email this form to Admissions@otc.edu.

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| For Office Use Only: Processed by and date | |
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