Major – Minor – Advisor Change

Complete form and obtain appropriate signatures. Forms without signature will not be processed. (NOTE: Only majors/minors listed on this form are valid. ALL PREVIOUS FORMS INVALID.)

ID# ___________________________ Last 4 digits of SS# ___________________________ OR ___________________________ OR ___________________________

Last 4 digits of SS#

ID# ___________________________ Last 4 digits of SS# ___________________________ OR ___________________________ OR ___________________________

LAST NAME ___________________________ FIRST NAME ___________________________ M ___________________________

ADD Major

Major/Emphasis: ___________________________________________________________ Dept Chair Signature: ___________________________

DEGREE: (Check one) □ BS - Bachelor of Science □ BA - Bachelor of Arts □ BFA - Bachelor of Fine Arts

Advisor: ___________________________

Major/Emphasis: ___________________________________________________________ Dept Chair Signature: ___________________________

DEGREE: (Check one) □ BS - Bachelor of Science □ BA - Bachelor of Arts □ BFA - Bachelor of Fine Arts

Advisor: ___________________________

DROP Major

Major: ___________________________ Dept Chair Signature: ___________________________ Date: __________

ADD Minor

Minor: ___________________________ Dept Chair Signature: ___________________________ Advisor: ___________________________

Minor: ___________________________ Dept Chair Signature: ___________________________ Advisor: ___________________________

DROP Minor

Minor: ___________________________ Dept Chair Signature: ___________________________ Date: __________

CHANGE ADVISOR

Advisor: ___________________________ Dept Chair Signature: ___________________________ Date: __________

PRE-PROFESSIONAL PROGRAMS - A pre-professional program is NOT a major. It is necessary for all students to declare an academic major.

Chiropractic □ Dentistry □ Medical Tech □ Ministry □ Occup Therapy □ Optometry □ Osteopathy □ Pharmacy □ Phys Therapy □ Podiatry

Cytotechnology □ Law □ Medicine □ Nursing □ Optometry □ Pharmacy □ Phys Assist □ Vet Medicine

□ DROP □ ADD the following Pre-Professional program: __________________________________________

STUDENT SIGNATURE: ___________________________ DATE: __________

(08/23/2017)
MAJORS  (ALPHA by Title, areas of emphasis are indented if applicable)


MINORS  (ALPHA by Title)


Return completed form to Registrar's Office

(08/23/2017)