CHANGE OF ADVISOR or MAJOR/MINOR or GRADUATION TERM

Student Name (please print) ___________________________ Date: ______________________

Student Signature __________________________________ Student ID#: __________

CHECK AND COMPLETE ALL THAT APPLY

☐ I would like to change my anticipated graduation term:

  From: ____________________________
  To: ____________________________

☐ I would like to change my advisor:

  From: ____________________________ Advisor Signature: ____________________________
  To: ____________________________ Advisor Signature: ____________________________

☐ I would like to change my Major(s) and/or Minor(s) as indicated below:

  From:
  Major(s) ____________________________________________
  Concentration (if any) ______________________________________
  Minor(s) ____________________________________________

  To:
  Major(s) ____________________________________________
  Concentration (if any) ______________________________________
  Minor(s) ____________________________________________

* Under what catalog year will you be fulfilling these new requirements: ________________

  • A degree audit will be completed based on new major and/or minor requirements. Previously
    granted waivers may OR may not apply.
  • Changes in advisor and/or graduation term may also result.

**RETURN TO THE REGISTRAR'S OFFICE**