

## Undergraduate Change of Major/Minor/Concentration/Advisor

This form is used by undergraduate students who wish to add, drop, or change their major, minor, concentration, or advisor after declaring a major. Obtain the appropriate signature(s) before returning the completed form to the Office of the Registrar, University Hall 115.

Student Name:					Current Primary Major:				
Student ID (000#####):					Degree: BA BS BMus (circle one)				
	Cu	rrent Advisor:	cted Graduation Date						
<ol> <li>If you are adding/dropping/changing a major, complete PART A</li> <li>If you are adding/dropping/changing the concentration <u>only</u> of an established major or a minor, complete PART B</li> <li>If you are changing your graduation catalog year, complete PART C</li> <li>If you are changing your advisor within your current major(s), complete PART D</li> </ol>									
PART A: CHANGE OF MAJOR									
Add	DROP	FIRST MAJOR	CONCENTRATION (IF ANY)	MAJOR DI	PARTMENT CHAIR	CHAIR SIGNATURE (REQUIRED)*			
A <u>CHANGE</u> OF PRIMARY MAJOR REQUIRES THE ASSIGNMENT OF A NEW ADVISOR AND THE SIGNATURE OF THE DEPARTMENT CHAIR.									
NEW ADVISOR NAME  DEPARTMENT CHAIR SIGNATURE (REQUIRED)*									
Ann	Dnon	CONCENTRATION (IF ANN.) MAIOR			PEPARTMENT CHAIR CHAIR SIGNATURE (REQUIRED)*				
ADD	DRUP	SECOND MAJOR	CONCENTRATION (IF ANY)	Major Department Chair		CHAIR SIGNATURE (REQUIRED)			
PART B: CHANGE OF MINOR AND/OR CHANGE OF CONCENTRATION ONLY OF ESTABLISHED MAJOR									
ADD		FIRST MINOR			ADVISOR SIGNATURE (REQUIRED)*				
		- MO. 1 MINON							
Add	DROP	SECOND MINOR			Advisor Signature (required)*				
A	Daga	Congruent	A						
Add	DROP	CONCENTRATION			ADVISOR SIGNATURE (REQUIRED)*				
ADD	DROP	CONCENTRATION			ADVISOR SIGNATURE (REQUIRED)*				
7100	Dittol	CONCENTION	TIE VISON SIGNATURE (REQUIRES)						
PART	C: CH	IANGE OF GRADUATION	N CATALOG						
NEW GRADUATION CATALOG YEAR					visor Signature (required)*				
		<u> </u>							
		HANGE OF ADVISOR							
New Advisor Name					EPARTMENT CHAIR SIGNATURE (REQUIRED)*				
*All signatures indicate that the student's academic plan and coursework for completion of degree requirements were discussed									
STUDENT SIGNATURE									
SIGNATURE (REQUIRED)							DATE		
My sig	My signature above indicates that I have reviewed my plan with an academic advisor and/or department chair; am aware of the								
specific requirements for my major(s), minors(s), and concentration(s); and understand how the above changes affect my progress towards graduation. Lam aware that Lam required to complete, at minimum, 120 credits and earn a minimum GPA of 2.0 for									

graduation. I understand that I am responsible for successfully completing all courses, determining what scheduling will allow me to

fulfill requirements, and obtaining approval for any courses taken at another institution.