

GRADUATE CHANGE OF MAJOR / CONCENTRATION / ADVISOR FORM

Complete with Advisor and Return to Registration Office

Name: _____ ID # / SSN: _____
Last First Middle

Change of Advisor only (Skip to signature fields below)

Change of Catalog Year. I wish to switch to catalog year: _____ (Ex. 2014-2015).

Have you requested a graduation audit or applied for a graduation date? Yes or No

If yes, indicate the graduation date applied for: December 20____ May 20____ June 20____ August 20____
 (A **new** graduation audit will be sent in a few weeks.)

Please mark all the fields that apply below to either major/concentration or certificate/certification.

Majors/Concentrations Changes:

Current Major:	New Major:
Current Concentration:	New Concentration:

Certificates/Certifications Changes:

Current Certificate:	New Certificate:
Current Certification:	New Certification:

Signature of Student

Date

Print Name & Sign - Dean/Director/Advisor

Date

Office Use Only: Change form processed: _____ Change form received for evaluation: _____
Initial/Date Date

Applied for: Audit/Graduation: _____ New graduation audit completed & emailed: _____
Month/Year Initial/Date