CHANGE OF MAJOR / MINOR FORM  
(For Undergraduate students only - Complete with Advisor/s)

Name: ____________________________ ____________________________ ID # / SSN: ________________

Last          First          Middle

Have you requested a graduation audit or applied to graduate?  □ Yes  □ No
If yes, indicate the anticipated graduation date: □ December  □ March  □ May  □ June  □ August / 20____

REQUEST A CHANGE  □ Major: Change / Add / Remove  □ Change Catalog Year: Core / Major / Minor
□ Minor: Change / Add / Remove  □ Change Advisor
□ Concentration: Change / Add / Remove

Current Primary Major
Major: ____________________________ Concentration: ____________________________
(Catalog Year: _____________________)

NEW Primary Major
Major: ____________________________ Concentration: ____________________________
(Catalog Year: _____________________)

Current Secondary Major
Major: ____________________________ Concentration: ____________________________
(Catalog Year: _____________________)

NEW Secondary Major
Major: ____________________________ Concentration: ____________________________
(Catalog Year: _____________________)

Current Minors
Minor 1: ____________________________ Minor 2: ____________________________
(Catalog Year: _____________________ Catalog Year: _____________________)

NEW Minors
Minor 1: ____________________________ Minor 2: ____________________________
(Catalog Year: _____________________ Catalog Year: _____________________)

□ I wish to simultaneously complete a second degree.  (Note: See Academic Catalog for additional requirements.)

__________________________ ____________________________
Signature of Student (Note: A change fee may be added to your student account) Date

__________________________ ____________________________
Print Name & Sign - NEW 1st Major Advisor (Current Advisor if only changing catalog) Date

__________________________ ____________________________
Print Name & Sign - NEW 2nd Major Advisor (Current Advisor if only changing catalog) Date

__________________________ ____________________________
Print Name & Sign - NEW Minor Advisor (Current Advisor if only changing catalog) Date

Office Use Only  Initial/date: ___________ Fee entered: ___________ Date emailed: ___________
Previous Advisor(s) notified: ____________________________________________ Applied for: Audit/Graduation: ___________

RSRO 3/2016