



Change of Academic Program Area | Major | Minor

Student Instructions: *It is your responsibility to learn and understand the consequences of changing your program of study. Doing so may require additional courses, semesters, and expense to complete your degree.*

ID # _____ Name _____ Phone # _____

E-mail _____ (if other than CU address) Current Advisor _____

Have you completed a graduation application? YES NO
Are you an International student? YES NO If yes, country _____

REMOVE the following from my program of study:

_____ Area Major Minor Other _____
_____ Area Major Minor Other _____

ADD the following to my program of study:

_____ Area Major Minor Other _____
_____ Area Major Minor Other _____

Emphasis: If you have an area, indicate the emphasis here: _____

Are you seeking Teacher Certification? YES NO

Student Signature _____ Date _____

Return to Student Records, UPO 789, or to the Office of Student Records, Administration Building, Room 18.

****Student Records Office Use Only****

Program change processed by _____ on _____.

New advisor assigned: _____

Advisors notified by _____ on _____.

DATE STAMP

NOTES