

Office of the Registrar

Add/ Change of Degree, Major, Minor, or Certificate Form

Name _____ Student ID _____

Email Address _____ Phone _____

FROM

TO / ADD

Division _____

Division _____

Major 1 _____

Major 1 _____

Major 2/ Minor _____

Major 2/ Minor _____

Certificate _____

Certificate 1st/ 2nd _____

Concentration 1 _____

Concentration 1 _____

Concentration 2 _____

Concentration 2 _____

Concentration 3 _____

Concentration 3 _____

Concentration 4 _____

Concentration 4 _____

STUDENTS - READ AND SIGN BELOW:

- I understand that this form does not complete the change of degree process. I must schedule an appointment with the appropriate advisor to review program requirements.
I understand that I must meet all of the graduation requirements for the new major, minor, or certificate as stated in the catalog of the effective term. Any change to my current degree could extend my graduation date.

Signature _____ Date _____

Advisor Signature _____ Date _____

For Office Use Only

Completed in EIS:

Date _____ Initials _____