

MISSOURI BAPTIST UNIVERSITY

Request to Change Major/Advisor Form

Please submit to the Office of Advisement and Retention – ADM 108

Date: _____ Student ID #: _____

Student's Name: _____

E-mail Address: _____ Student's Phone: _____

Current Status:

____ Freshman ____ Sophomore ____ Junior ____ Senior ____ Non-degree seeking

Current major: _____

Current minor (if applicable): _____

Change major/minor to: (be specific) _____

Reason for change of major: _____

Current advisor: _____

Requested advisor: _____

Reason for change of advisor:

____ scheduling conflict / inaccessibility of advisor

____ personal conflict with advisor

____ other (please explain) _____

Student's signature _____

FOR OFFICE USE ONLY

Assigned Advisor: _____ Date Notified: _____

Date of data entry: _____ Signature: _____