



Request to Change Major/Advisor/Catalog Form

Please submit to the Office of Advisement in the Academic Suite, lower level FLD or after hours drop box located outside mailroom

Date: _____ Student ID #: _____

Student's Name: _____

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

Current Status:

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

CHANGE OF MAJOR/MINOR

Current major: _____ Current minor (if applicable): _____

Change major**/minor to: _____

Reason for change of major: _____

**Division Chair signature: _____

(required to change major to Sport Management, Exercise Science, or Health Sciences)

CHANGE OF ADVISOR

Current advisor: _____

Requested advisor: _____

Reason for change of advisor:

____ scheduling conflict / inaccessibility of advisor ____ personal conflict with advisor

____ other (please explain) _____

Change catalog year: (Students may request to go forward in a catalog year)

_____ Version

2016 – 17 Version

2018 – 19 Version

2015 – 16 Version

2017 – 18 Version

Student's signature _____

FOR OFFICE USE ONLY

Assigned Advisor: _____ Date Notified: _____

Date of data entry: _____ Signature: _____