

**Student Information:**

Last Name	First Name	MI	ID No.
Campus Box No.	Phone Number	Entering Catalog Year	

**Plan Changes:**

	<b>DROP</b>	<b>ADD</b>
Major (1)		
Major (2)		
Minor		
Concentration		
Advisor		

**Student Signature:**

I understand that changing my major alters my requirements for graduation. I have thoroughly reviewed the course requirements for my new major and understand what is expected of me. I will consult my assigned advisor as soon as possible to discuss my new program of study.

Signature	Date
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Athletics (Required of all Student athletes with <b>any</b> major changes)	Date
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**TO BE COMPLETED BY DIVISION / REGISTRAR'S OFFICE**

New Advisor (1)	Office	Ext.
New Advisor (2)	Office	Ext.

Originating Division	Processed by	Date
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Original: Registrar      CC: Division & Student