

**SEAVER COLLEGE
ACADEMIC PLAN CHANGE**

Student Information:

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

Plan Changes:

	DROP	ADD
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 any 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