

APPROVAL FOR CHANGE OF UNDERGRADUATE ACADEMIC PROGRAM

Grid for Colleague ID

Large box for Last Name

Colleague ID

Last Name

First Name

M

Have you applied for graduation? Yes ___ No

Are you a student receiving Veteran Benefits?..... Yes ___ No

Are you a student Athlete?..... Yes ___ No

Semester and year new program begins: ____/____

Change program From:

Change Academic Program To:

Box for Change program From

Box for Change Academic Program To

Program: (e.g.: General Studies)

Degree (e.g.: BGS)

PROGRAM (e.g.: Biology)

Degree (e.g. BS)

INSTRUCTIONS: This form will be completed in the division, college or office of the Chair of the new academic program. When signatures are completed, leave all copies in the Chair's Office of the new academic program. The office of the student's new Chair will forward this form to the Registrar.

- Original – Registrar's Office
Yellow – New Dean or Chair
Pink – Former Dean or Chair
Gold – Student

*New Faculty Advisor, Chairperson or Dean signature Date

*Student signature Date

Registrar's Office will return copies to the new Dean or Chair's office, and former Dean or Chair's office.

Processed – Registrar Date

State law (Leg. House Bill 1922) with limited exceptions, allow you to be informed about information the University collects about you, to review and obtain the information on this form and to correct any information you believe is incorrect.

Any disclosure of information will be governed by the FERPA act.

*REQUIRED PRIOR TO PROCESSING