



# Undergraduate Curricular/Advisement Change Form

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Student's Cumulative GPA: \_\_\_\_\_

Student's Total Credits: \_\_\_\_\_

Current Major(s) and Minor(s): \_\_\_\_\_

Change Type

Change Action

Plan/Program to Change

Plan/Program to Change

Advisor

Plan Code

Requirement Term

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved By:**

Dept. Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Comments about change: \_\_\_\_\_

College Dean: \_\_\_\_\_ Date: \_\_\_\_\_

Comments about change: \_\_\_\_\_

Registrar's Entry \_\_\_\_\_ Date: \_\_\_\_\_

PREVIEW ONLY  
VOID