

Declare or Change Advisor or Major

Submit completed form to Office of the Registrar

Section I (to be completed for all changes)

Name: _____ Date: _____
ID #: _____
Current Address: _____
Phone: _____ Student Signature: _____

Section II

Declaration or Change of Major

New Major: _____
Previous Major: (if applicable) _____
Pursuing Teacher Certification: _____yes _____no
Signature of Department Head: _____
_____ Full Approval _____ Preliminary Approval

Section III

Declaration or Change of Advisor

Signature of New Advisor: _____
Signature of Department Head: _____
Name of Previous Advisor (if applicable): _____

Office use only:

_____ data entry _____ previous advisor notified