

Student Change of Status Form

Student Name: _____

ID Number: _____

Current GPA: _____

Phone Number: _____

Change Minor(s)- Requires signature of Advisor	
<i>Addition of a minor</i>	Name of Minor: _____
<i>Removal of a minor</i>	Name of Minor: _____

Change of Primary Major- Requires signature of Advisor AND Department Chair of <u>proposed</u> major	
Current Major: _____	Proposed Major: _____
	Advisement Track (if applicable): _____
	Effective Date: _____

Other Action(s)- Requires signature of Advisor AND Department Chair. Dean's signature may be requested.	
Permission for part-time matriculated student to change to full-time status	Semester to begin Full-time: _____
Unspecified Other Action: _____	

Position	Signature	Date	Approved	Denied
Advisor				
Department Chair				
Dean <i>(only required at the request of the Registrar for special circumstances)</i>				
Vice President for Academic Affairs <i>(only required at the request of the Registrar for special circumstances)</i>				