



### *Change of Academic Major Form*

DATE OF SUBMISSION: \_\_\_\_\_ UR ID# \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

APPLIED TEACHER: \_\_\_\_\_ PROGRAM ADVISOR: \_\_\_\_\_

EXPECTED GRADUATION DATE: \_\_\_\_\_ DEGREE: ☐ BM ☐ MA ☐ MM ☐ DMA ☐ PHD

## CHANGE OF ACADEMIC MAJOR INFORMATION

CHANGE OF ACADEMIC MAJOR CHOICE	<input type="checkbox"/> DISCONTINUING CURRENT MAJOR <input type="checkbox"/> ADDING SECOND MAJOR	EFFECTIVE TERM OF CHANGE	<input type="checkbox"/> FALL SEMESTER 20____ <input type="checkbox"/> SPRING SEMESTER 20____ <input type="checkbox"/> SUMMER SEMESTER 20____
CURRENT MAJOR		NEW OR ADDITIONAL MAJOR REQUESTED	

**PLEASE FEEL FREE TO INCLUDE ANY ADDITIONAL INFORMATION BELOW YOU WOULD LIKE TO SHARE TO SUPPORT YOUR CHANGE OF ACADEMIC MAJOR.**

[illegible]

## REQUIRED SIGNATURES

DEPARTMENT CHAIR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GRADUATE DEAN SIGNATURE (*GRAD STUDENTS ONLY*): \_\_\_\_\_ DATE: \_\_\_\_\_

UNDERGRADUATE DEAN SIGNATURE (*UNDERGRAD STUDENTS ONLY*): \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_