# 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

<table>
<thead>
<tr>
<th>CHANGE OF ACADEMIC MAJOR CHOICE</th>
<th>DISCONTINUING CURRENT MAJOR</th>
<th>ADDING SECOND MAJOR</th>
<th>EFFECTIVE TERM OF CHANGE</th>
<th>FALL SEMESTER</th>
<th>SPRING SEMESTER</th>
<th>SUMMER SEMESTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CURRENT MAJOR</td>
<td></td>
<td></td>
<td>NEW OR ADDITIONAL MAJOR REQUESTED</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 

## REQUIRED SIGNATURES

**DEPARTMENT CHAIR SIGNATURE:** ___________________________  **DATE:** _________________

**GRADUATE DEAN SIGNATURE (GRAD STUDENTS ONLY):** ___________________________  **DATE:** _________________

**UNDERGRADUATE DEAN SIGNATURE (UNDERGRAD STUDENTS ONLY):** ___________________________  **DATE:** _________________

**STUDENT SIGNATURE:** ___________________________  **DATE:** _________________