Student ID Number: __________________________
Student Last Name: __________________________ First Name __________________________

Instructions: Check and complete one or more of the following options:

☐ Change my plan (major) to the following new Program/Plan
  (example: CLASU/CPSYBS to CMGTU/CBABS)

  Academic Program Information: __________________________
  Academic Plan Information: __________________________
  Sub Plan Information: __________________________
  ( ) This is for a double major.

  Note: Change will be in effect for next semester if submitted after the drop/add period.

☐ Change or add the following subplan (concentration): __________________________
  Note: Change will be in effect immediately.

☐ Add/Remove a minor as follows:
  _____ Add Minor: __________________________ ( ) This is for a double minor
  _____ Remove Minor: __________________________

  Note: Change will be in effect immediately.

Student Signature: __________________________ Date __________
Academic Counselor Signature: __________________________ Date __________
Department Chairperson/Program Director: __________________________ Date __________
(Required for all graduate plan changes and selected undergraduate majors: Nursing, Radiologic Technology, Nutrition)

FOR REGISTRAR USE ONLY:
PROCESSED BY: ___________ DATE PROCESSED: ___________ EFFECTIVE DATE OF CHANGE: ___________
NOTES: ____________________________________________
Rev 11.2019