



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: <input type="checkbox"/> BM <input type="checkbox"/> MA <input type="checkbox"/> MM <input type="checkbox"/> DMA <input type="checkbox"/> 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.			

REQUIRED SIGNATURES

DEPARTMENT CHAIR SIGNATURE: _____	DATE: _____
OFFICE OF GRADUATE STUDIES <i>(GRAD STUDENTS ONLY)</i> : _____	DATE: _____
OFFICE OF ACADEMIC AFFAIRS <i>(UNDERGRAD STUDENTS ONLY)</i> : _____	DATE: _____
STUDENT SIGNATURE: _____	DATE: _____