

# USI Change of Academic Program

Student ID # \_\_\_\_\_ Date \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ M/I \_\_\_\_\_

FOR COLLEGE/DEPT. USE ONLY: ASSIGNED ADVISOR

Major \_\_\_\_\_

Minor \_\_\_\_\_

**Student should meet with their advisor to complete/modify an updated Degree Works academic plan.**

Indicate changes ONLY to your Academic Program. Student **REQUIRED** to obtain the appropriate signature for changes in "Add" column below.

	Remove	Add	FOR COLLEGE USE ONLY		
			Signature of Dept. Chair/Director	Date	Bulletin Term
<b>Degree Changes</b> (AS, BS, BA, BSN, etc.)	_____	_____	_____	_____	_____
<b>Major Changes</b>	_____	_____	_____	_____	_____
<b>Minor Changes</b>	_____	_____	_____	_____	_____
<b>Concentration/ Emphasis Changes</b>	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

\* Romain College of Business - Assistant Dean

**Is this a second degree?** (requires you to earn a minimum of 150 credit hours)  Yes  No

Term Effective Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
Year Year Year

*(Changes submitted after the 11th week of the fall or spring semester will be effective for the next term)*

I certify that the above information is correct.

\_\_\_\_\_  
Student Signature Date

For Office Use Only	
Old Major	_____
New/2 <sup>nd</sup> Major	_____
Minor	_____
Concentration	_____
Processed by	_____ Date _____
Checked by	_____ Date _____
Pending Degree	<input type="checkbox"/>