

# Student Change of Status Form

Student Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Phone Number: \_\_\_\_\_

<b>Change Minor(s)- Requires signature of Advisor</b>	
<i>Addition of a minor</i>	Name of Minor: _____
<i>Removal of a minor</i>	Name of Minor: _____

<b>Change of Primary Major- Requires signature of Advisor AND Department Chair of <u>proposed</u> major</b>	
Current Major: _____  If your current major is an associate's degree and you are changing to a bachelor's degree, would you like to still earn your associate's degree?  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Proposed Major: _____  Advisement Track (if applicable): _____  Effective Date: _____

<b>Other Action(s)- Requires signature of Advisor AND Department Chair. Dean's signature may be requested.</b>	
Permission for part-time matriculated student to change to full-time status	Semester to begin Full-time: _____
Unspecified Other Action: _____	

Position	Signature	Date	Approved	Denied
Advisor				
Department Chair				
Dean <i>(only required at the request of the Registrar for special circumstances)</i>				
Vice President for Academic Affairs <i>(only required at the request of the Registrar for special circumstances)</i>				