1. **Print** the “WHAT-IF” for your new major and **ATTACH to this form**. You cannot be properly advised without the audit.

2. Complete this form and take it, **along with the WHAT-IF degree audit** to the department office for your proposed new major.

3. Request an appointment to speak to someone regarding changing your major. If you have applied to graduate the form must go to College Grad.Expert.

4. **ATHLETES**, you must obtain the signature from the Bratzke Center FIRST – to verify that the proposed major change will not cause you to lose NCAA eligibility and/or scholarship. If you decide to change, then obtain the signature of the advisor of your new major.

5. You may also add, delete, or change a minor, concentration, or certificate using this form.

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**Student name: ___________________________ Student ID: ___________________________**

**Student signature (REQUIRED): ___________________________ Date: ___________________________**

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**University policy limits student to one major change per year and expects student to graduate with their currently declared major once they have applied to graduate. Deviations from that require careful counseling and permission of the college.**

1. **Have you applied to graduate?** YES / NO  
   *If yes this form must be turned in to the College Graduation Expert in the dean’s office for your new major.*

2. **Have you already changed your major this year?** YES / NO  
   *If yes, why should you be allowed to change again? Place answer on back of this form.*

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3. My NEW major will be my:  
   - [ ] 1st major  
   - [ ] 2nd major*  
   - [ ] Dual Degree* (150 hr. minimum required)

   *If declaring double major, or two ("dual") degrees, a separate form is needed for each new major, with appropriate signatures for each major. If not changing major, leave a) and b) blank and complete the relevant other areas of this section.*

   a) **DEGREE:** AA AGS AAS AS ASN ASP BA BBA BFA BM BS BSN BSW  
   Please circle one only. If interested in AGS must consult and obtain signature of a college professional advisor.

   b) **MAJOR** Subject Area:  
   You must designate a degree above. Any previous major will be dropped unless checked as 2nd major or dual degree. AGS students must declare a college affiliation here, or a concentration below. Discuss this with your college professional advisor.

   c) **MINOR** Subject Area, *(if applicable): ___________________________ ___________________________*  
   Tell us what to drop/add.

   d) **CONCENTRATION** *(if applicable): ___________________________ ___________________________*  
   Tell us what to drop/add.

   e) **CERTIFICATE/OTHER:**  
   ___________________________ ___________________________*

4. **If declaring AGS (Associate of General Studies degree):**  
   AGS is restricted to individuals with no prior college degree and cannot be paired with any other degree or certificate. Students who have more than 30 cr. hrs. are expected to first discuss possible repercussion with the Financial Aid Office and an advisor before requesting permission from University Programs to declare AGS. Students are expected to complete their AGS at the first opportunity, before moving on to any subsequent degree. Students electing AGS should declare a college affiliation or a concentration.

   **Signature of University Programs ___________________________ Date ___________________________**

   Permission of University Programs is needed ONLY for students with greater than 30 cr.hrs. earned and who wish to declare the AGS degree.

5. **AUTHORIZING SIGNATURE:** I have consulted with this student and approve the above declared program of study. Based upon my authority, and the student’s permission as designated by their signature, please change their official academic record to reflect the declared program indicated above.

   **Printed Name of Authorized Individual for New Major ___________________________ Signature of Authorized Individual ___________________________ Date ___________________________**

   **College of Student’s New Major: If student has applied to graduate Dean’s Office must allow change and adjust student’s SHADEGR record.**

   **Printed Name of College Graduation Expert ___________________________ Signature ___________________________ Date ___________________________**

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**REG OFFICE USE ONLY**

Processed by: ___________________________ Date processed: ___________________________ Number of major changes for current academic year: ___________________________