



CHANGE OF PROGRAM/MAJOR FORM

Student Information

Student Name: _____ Student ID: _____

UNA E-mail: _____ Phone: _____

Have you applied for graduation?

Yes*

No

**If yes, complete a Change of Graduation Information form*

Are you currently receiving veterans' benefits?

Yes*

No

**If yes, see your Veterans Benefits Coordinator*

Are you participating in University athletics?

Yes*

No

**If yes, see Athletic Counselor*

Declaration

Current Program: College _____ **Department** _____

New Program: The College of:

Arts and Sciences

Business

Education and Human Sciences

Nursing and Health Professions

****I request the following degree, major (minor and/or concentration if required):***

Degree: _____

(e.g. BS, BA, BBA, BIS, BSW, BSSED, BSN)

Major: _____ *If major is less than 48 hours, it needs a minor*

Concentration: _____ *If major requires concentration, please indicate*

Minor: _____ *If major requires minor, please indicate*

****Any changes in your Degree and/or Major will result in a new catalog year assignment.***

Signature

Student Signature: _____ **Date:** _____

New Academic Advisor _____ **Date:** _____

***Department Chair Signature, new department** _____ **Date:** _____

1. *Students should submit completed form to the **new major department** to assign the new advisor.
2. *The **new major department** should then secure the signature of the new department chair and forward completed form to Office4 of the Registrar.