



It is the student's responsibility to obtain all signatures and submit this form to the Registrar's Office.

CWID: \_\_\_\_\_  
Last Name First Name MI

Are you planning on graduating this academic year? YES NO

New Major: \_\_\_\_\_

\*Concentration: \_\_\_\_\_  
*if applicable*

Please transfer the following minor(s) to new major program of study:

\_\_\_\_\_

Current Faculty Advisor Signature (old major): \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature (new major): \_\_\_\_\_ Date: \_\_\_\_\_

\*\*New Advisor: \_\_\_\_\_  
**\*\*Advisor to be assigned by New Department Head**

\*NCAA Compliance Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*\*If applicable*

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

Office Use Only

SGASPRT SHADEGR Degree Works SGAADVR

Recorded to Banner: \_\_\_\_\_  
Initials Date