

FORM TO REQUEST PROGRAM/PLAN CHANGE

DIRECTIONS: PRINT ONLY. COMPLETE THE APPLICABLE SECTIONS BELOW FOR THE APPROPRIATE ACADEMIC RECORD UPDATE. RETURN COMPLETED FORM TO MDCOB ADVISING OFFICE.
 (See contact info above.)

SECTION I: STUDENT INFORMATION

STUDENT ID# _____	TODAY'S DATE _____		
NAME	LAST	FIRST	MI
@gator.uhd.edu			
PHONE	GATOR-MAIL		
WILL YOU APPLY/HAVE YOU APPLIED FOR GRADUATION FOR THIS TERM?			<input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT MAJOR _____			

SECTION II: CHECK (✓) AND COMPLETE ALL THAT APPLY TO THE REQUEST.

<input type="checkbox"/>	DECLARE MINOR(S) IN	(1) _____	(2) _____	
<input type="checkbox"/>	REMOVE A MINOR(S)	(1) _____	(2) _____	
<input type="checkbox"/>	CHANGE MAJOR FROM	_____	TO	_____
<input type="checkbox"/>	DECLARE A 2 ND MAJOR IN	_____		
<input type="checkbox"/>	REMOVE A 2 ND MAJOR IN	_____		

SECTION III: AUTHORIZATION OF PROGRAM/PLAN CHANGE

By signing below, I verify that I have communicated with an academic advisor regarding changes to my academic record, and have granted authority to a representative of the Marilyn Davies College of Business Advising Office to update my record based on the request detailed in the form above.

STUDENT SIGNATURE _____	DATE _____
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** FOR OFFICE USE ONLY **			
DATE RECEIVED: _____	GPA REQUIREMENT MET?: <input type="checkbox"/> YES <input type="checkbox"/> NO	REQUEST APPROVED <input type="checkbox"/>	
DATE UPDATED: _____	DATE STUDENT NOTIFIED: _____	REQUEST DENIED <input type="checkbox"/>	
ADVISOR INITIALS: _____			