UNIVERSITATE REQUEST for PROGRAM CHANGE
declare/drop major, minor, certificate, campus, or change graduation date

Please note that you may be required to attend an advising session before final approval is granted. You will be contacted by an advisor with further information. Changes requested prior to the first day of classes of a fall/spring semester will be effective for the upcoming semester. Changes requested after the beginning of the fall/spring semester will be changed for the following fall/spring semester. Changes may be subject to a change in tuition.

Date: __________________________

TUID: ___________________________ Name: __________________________

TU EMAIL: ________________________ Phone: ________________________

Current College ______________________ CHANGE? Yes  No

Current Major ______________________ CHANGE? Yes  No

Campus: __________________________ CHANGE? Yes  No

Change Request Information

**PRIMARY MAJOR/PROGRAM & CONCENTRATION**

ADD College: ____________________________(IUT)

ADD Campus: ____________________________(IUT)

ADD Primary Major: ______________________ Catalog Term: ______

ADD Concentration: ______________________ Catalog Term: ______

**SECONDARY MAJOR & ANY MINORS**

ADD/DROP  Secondary Major: ______________________ College: ______ Cat Term: ______

ADD/DROP  Primary Minor: ______________________ College: ______ CatTerm: ______

ADD/DROP  Secondary Minor: ______________________ College: ______ CatTerm: ______

**CERTIFICATE**

ADD/DROP  Primary Certificate: ______________________ Catalog Term: ______

ADD/DROP  Secondary Certificate: ______________________ Catalog Term: ______

**GRADUATION DATE**

New Graduation Date: ______________________

Student Signature __________________________

Advisor Signature __________________________

Workflow sent: __________________________ Change completed: _____________________