

REQUEST FOR CHANGE OF DEGREE PLAN INFORMATION

(Undergraduate & Teacher Certification Programs)
Office of the University Registrar

Semester/Year of Requ	<u>iest</u>				
☐ Fall 20 ☐	Spring 20 Su	mmer I / Mayr	mester 20	_ Summe	er II 20
(Please Print)					
Banner ID	Last Name		First Name	MI	Date of Birth
Mailing.	Address		City, S	State, Zip	
Phone Number		Email		Cl	assification
2 22 0 22 0 2 1 1 2 2 2 2 2 2 2 2 2 2 2					
(ALL FIELDS ARE REQUIRED) - Note.	: Degree Plan Changes submitted after 12th (Class Day (Census Date)	will be processed for the fo	ollowing semester.	
	From: (Current Information)		To: (Proposed Degree Information)		
Catalog Year					
Degree					
Major (s)					
Concentration (s) (if applicable)					
Minor (if applicable)					
Teacher Cert. Level					
cata-log year 2014 expires is will be placed in catalog in a Also, if you are changing f	year selected is valid for five (n Summer II 2019). Special noneffect at the time of request. From undergraduate to graduate	n-degree students e status, you mu	must complete a rest complete an Ap	new "Application oplication for Gra	for Admissions" and duate Admission for
For admission to a teacher education program, you MUST have completed all requirements as specified in the current catalog. Please see the Certification Office (KL 421A).		c. c.	or admission to the Nursing Program, you MUST have completed all requirements as specified in the current atalog. Please see an advisor in the College of Nursing and fealth Sciences (CNS 111D) for further information.		
Coordinator Signature (if applicable	le) Date	C	NHS Advisor Signature	e (if applicable)	Date
Reason for Change		Studen	t Signature		Date
	F	For Office Use Only			
-Request processed by:		Date:			
-Add holds, if needed, to SOAHOL					
-Process and verify degree evaluation	on				