

Academic Change Form

Student Name: _____ UC-ID #: _____ Date: _____

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CURRENT DEGREE INFORMATION: *Please include ALL information as it appears on your portal. Advisors, please compare to REPORT 24- Student Record for Advising.*

Degree: AA ☐ AS ☐ BS ☐ BA ☐

Professional Excellence/Honors: Yes ☐ No ☐

Major(s): _____

Declaration: _____

Emphasis(es): _____

Advisor(s): _____

Minor(s): _____

Antic. Grad Date: _____

Bulletin Year: _____

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REQUESTED DEGREE INFORMATION: *Please include ALL information as it should be (even if there is no change).*

Degree: AA ☐ AS ☐ BS ☐ BA ☐

Professional Excellence/Honors: Yes ☐ No ☐

Major(s): _____

Declaration: _____

Emphasis(es): _____

Advisor(s): _____

Minor(s): _____

Antic. Grad Date: _____

Bulletin Year: _____

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SIGNATURES:

Student Print: _____ Signature: _____ Date: _____

Current Advisor Print: _____ Signature: _____ Date: _____

*New Advisor Print: _____ Signature: _____ Date: _____

*New Program Director Print: _____ Signature: _____ Date: _____

*ProEx Coord. Print: _____ Signature: _____ Date: _____

**If Applicable*

Note: Work with your advisor to ensure all information is filled out correctly. This form may not be processed if information is missing, including signatures.

Records Only:

Completed By: _____ Date: _____

Records Office | Dick Building 507 | Phone: (402) 486-2529 | records@uau.edu