

# CHANGES IN MAJOR PROGRAM REQUIREMENTS

## COLLEGE OF ARTS and SCIENCES

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Major: \_\_\_\_\_ 2<sup>nd</sup> Major: \_\_\_\_\_

Degree: \_\_\_\_BFA \_\_\_\_BSD \_\_\_\_BAE \_\_\_\_BME \_\_\_\_BM \_\_\_\_BA

Have you filed an application for graduation? \_\_\_\_Yes \_\_\_\_No If yes, Term:\_\_\_\_\_ Year:\_\_\_\_\_

I would like to substitute: \_\_\_\_\_

I would like to waive: \_\_\_\_\_

Course to Replace	Substitute with	Course/Requirement to Waive
Course ( <i>e.g. Art 2100</i> ) Term( <i>Au12</i> ) Hours	Course Term Hours	Course Hours
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____

Printed Name and Signature of Department/Faculty Advisor \_\_\_\_\_ Campus Phone \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Printed Name and Signature of Department/Faculty Advisor \_\_\_\_\_ Campus Phone \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

RETURN THIS FORM TO ASC ADVISING at 100 Denney Hall  
(Request form to be put in your ASC Advisor's mailbox)

Printed Name and Signature of ASC Advisor \_\_\_\_\_ Date \_\_\_\_\_

DARS Processed by: \_\_\_\_\_  
Date \_\_\_\_\_