



Change of Degree, Major, Minor, or Concentration

Name:

BUID: **B 0 0**

1. CURRENT Program of Study: *Please verify that this is the information currently listed on your Degree Works audit..* Degree(s) (CIRCLE): **BA BS BM BBA BFA BSN BSW** Other: _____

Major(s):

Concentration(s):

Minor(s):

2. Complete ONE of the options (A or B) below:

A. ADD to Current Program

(All new major declarations will require a signature of approval from the NEW department, see signature line below.)

Major(s):	Concentration(s):	Minor(s):
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B. REPLACE Current Program with a New Program

(All new major declarations will require a signature of approval from the NEW department, see signature line below.)

Degree (CIRCLE): BA BS BM BBA BFA BSN BSW Other: _____						
Major(s):	Concentration(s):	Minor(s):				

3. NOTES (Optional) : Are there special notes (ex: double major) that we need to be aware of?

4. REQUIRED Information: *Circle "Y/N" if the following conditions are applicable*

- Y N** 1. I am in the Honors Program. *If "Y" then... Initials of Honors Advisor →*
- Y N** 2. I am a Student Athlete. *If "Y" then... Initials of your Athletic Academic Coordinator →*
- Y N** 3. I am a recipient of VA Education Benefits. *If "Y" then... Contact the VA Education Counselor about your program changes before submitting this form.*
- Y N** 4. I plan to graduate within the next 12 months. *If "Y" then... Provide the semester _____ and year _____*
- Y N** 5. I receive federal loans/grants (Title IV), state or institutional aid.

5. Signatures:

I understand my degree requirements are in accordance with the effective catalog in which I entered Belmont University or the active catalog of my year of graduation. I acknowledge my responsibility to review the appropriate catalog and verify with my academic advisor prior to changing my major or degree path. I acknowledge that courses earned previously may not apply toward new program requirements and could delay my anticipated graduation date. For more information, please visit: www.belmont.edu/catalog.

Student Signature:

Date:

Authorized NEW Department Representative (please PRINT):

Authorized NEW Department Representative (please SIGN):

Office of the Registrar:

Date:

Return to Belmont Central in the Gabhart Student Center or via email to: registrar@belmont.edu