



CHANGE OF DEGREE, MAJOR, MINOR, OR CONCENTRATION

Name: _____

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Phone: _____ Email: _____@pop.belmont.edu

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): _____

PLEASE COMPLETE **ONE** OF THE BOLD BOXES BELOW:

Please ADD the following to my current program:
(All new major declarations will require a signature of approval from the NEW department, see signature line below).

Major: _____ Concentration(s): _____ Minor(s): _____

Please REPLACE my current program with the following:
(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): _____

Are there special notes (ex: double major) we need to be aware of when processing these changes? _____

REQUIRED Information:	NO	YES	If YES, then...
I am in the Honors Program.	<input type="checkbox"/>	<input type="checkbox"/>	Initials of your Honors Advisor →
I am a Student Athlete.	<input type="checkbox"/>	<input type="checkbox"/>	Initials of your Athletic Academic Coordinator →
I am a recipient of Veteran Education Benefits.	<input type="checkbox"/>	<input type="checkbox"/>	Contact the VA Education Counselor (Registrar's Office) about your changes before submitting this form.
I plan to graduate within the next 12 months. <i>(Please be sure to apply for graduation.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Semester: _____ Year: _____

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: _____

Please return to Belmont Central in the Gabhart Student Center or via: **Fax:** 615-460-5415 or **Email:** registrar@belmont.edu
Phone: 615-460-6619