

Please return completed form to the **Office of the Registrar, LOWNIK 103**

PART I General Information *(To be completed by the student)*

STUDENT NAME _____ ID _____
 CONTACT NUMBER _____ EMAIL _____

PART II Current Academic Information *(To be completed by the student)*

Traditional Learning Team Number _____ Online

CURRENT PROGRAM _____
 CURRENT CONCENTRATION _____

PART III New Academic Information *Include all components of degree plan. (To be completed by the student)*

Traditional Learning Team Number _____ Online

NEW PROGRAM _____
 NEW CONCENTRATION _____

Is this a change of campus? **No change** Main to Springfield Main to Mesa Springfield to Mesa
 Springfield to Main Mesa to Main Mesa to Springfield

AUTHORIZED _____
 Student Signature _____ Date _____
At this time, all signatures, where required, must be hand-written on the form

PART IV Approvals *Student must obtain the required signatures before the form can be processed.
 Completed forms should be returned to the Office of the Registrar, Lownik 103.*

APPROVED _____
 Current Advisor (**Print**) _____ Date _____

 Current Advisor (Signature) _____ Date _____
At this time, all signatures, where required, must be hand-written on the form

APPROVED _____
 New/Second Advisor, if Applicable (**Print**) _____ Date _____

 New/Second Advisor, if Applicable (Signature) _____ Date _____
At this time, all signatures, where required, must be hand-written on the form

PART V Recording

UPDATED _____
 Office of the Registrar Signature _____ Date _____

- Select any that apply.**
- Advising file forwarded to new department.*
 - Requested previous advisor to forward advising file to new department.*
 - Advising file created for new / second advisor.*
 - No file movement required.*