STUDENT INFORMATION CHANGE FORM (Academic)

Student Name (as it appears on the Academy’s records): ____________________________

Social Security or Student ID #: ____________________________

Degree Level: ____________________________

Student Advisor: ____________________________

COMPLETE ONLY APPLICABLE INFORMATION

Major Change

Change Major from: ____________________________

Change Major to: ____________________________

Emphasis Change

Change Emphasis from: ____________________________

Change Emphasis to: ____________________________

Specialization Change

Change Specialization from: ____________________________

Change Specialization to: ____________________________

Signature: ____________________________ Date Submitted: __________