

PLEASE SUBMIT ORIGINAL SIGNED COPY OF THIS FORM TO STUDENT RECORDS. Upon approval, photocopies of the signed form will be sent to all interested parties. Thanks.

**SAMFORD UNIVERSITY
CHANGE OF ACADEMIC PROGRAM**

Need to find the code for your college, degree, major, minor, or concentration? [Click here](#) to review a list of current codes.

(PRESS HARD-YOU MUST PRINT THROUGH FOUR COPIES)

Effective Semester: _____

Full Name: _____ Banner SUI d: 9 _____ SU Box: 29 _____
Last First Middle

Note: Your academic program is a part of the permanent record of your academic career. Please follow the steps below to ensure proper handling of your request.

1. If you are changing departments, go to your new academic department where a new advisor will be assigned.
2. Consult with and obtain the signature of your new advisor.
3. Sign and return completed form to the Student Records Office, Room 214 in Samford Hall.
4. If teacher certification is desired, contact the advisor/certification officer in the School of Education prior to registering for classes.

MY ACADEMIC PROGRAM should be:

(IMPORTANT: Anticipated Graduation term is required.)

I am in the University Honors Program: Yes No

I am in the University Fellows Program: Yes No

Graduation term: _____
(REQUIRED)

Primary program (Required):

College: _____ Degree: _____ Major1: _____ Minor1: _____ Concentration: _____
(REQUIRED) (REQUIRED) (REQUIRED)

(Optional:) Major2: _____ Minor2: _____ Concentration2: _____

Secondary program (Optional):

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

Optional: Major2: _____ Minor2: _____ Concentration2: _____

Student's Signature Date: _____

Academic Services Approval for Change of Career Date: _____

New Advisor's Signature Date: _____

Office Use:
Program ___ Grad Term ___ Cat Term ___ Advisor ___ SR ___ Date: _____

University Fellows or Honors Program Advisor (only for University Honors or Fellows students) Date: _____