

(Name) LAST

FIRST

MIDDLE

PUID

Student to complete information above and item 1, read items 6 & 7 and sign at the bottom after meeting with current college.

REQUEST FOR UNDERGRADUATE CHANGE OF CURRICULA

1. I am a student in the College/School of _____ majoring in _____.

I am interested in moving to _____ (College/School) and _____ (Major).

2. Discuss your plans with your *current* academic advisor. If, after discussing your plans, you still want to make a change, have the dean, head, or designee affix his/her signature below.

Signature of Dean, Head, or Designee

Date

Printed Legal Name

☐ This student will have exceeded their available time in our program and is not eligible to return should a conditional CODO be denied.**3. New College/School staff complete # 3, 4 and 5****Please enter what the student's full curricula information should look like *once approved*:**

Primary Program	Secondary Program (if applicable)	Certificate (new or existing)
Primary Major	Secondary Major (if applicable)	1st Minor (if applicable)
Concentration (if applicable)	Concentration (if applicable)	2 nd Minor (if applicable)
New Advisor Printed Name		3 rd Minor (if applicable)

4. This change is effective for: Term _____ (e.g. Fall 2017) Using Catalog Term _____

5. I have carefully reviewed the student's current record and approve this request to transfer.

☐ This student is a conditional CODO. If semester grades do not meet expectations or they fail to complete a required course, they will revert back to their prior curricula.

Signature of Dean, Head, or Designee

Date

Printed Name & Phone

6. I have examined this review of my record and understand which courses can be used to satisfy requirements for my new degree objective.

7. I acknowledge that I have considered that my decision to change my degree objective may affect my time to earn my degree; may have impacts on my financial aid, tuition and fees, or athletic eligibility; and could have a negative effect on my legal status, if I am an international student. If my CODO is conditional and I fail to earn the required grades or complete the required course I understand my future registration will be adjusted accordingly. I understand I am only eligible to CODO conditionally one time to any one specific College or School, and acknowledge that I am not attempting to do so for a second time.

Student Signature _____**Date** _____