STUDENT INFORMATION
Student Andrew ID: ____________________________ or Student ID Card #: ____________________________

Student Name: ____________________________ Last/Family ____________________________ First and/or Preferred ____________________________ MI

College: ____________________________ Department: ____________________________ Class: ____________________________

First Year Enrolled: ____________________________ Expected Graduation Date: ____________________________

PROPOSED STUDENT-DEFINED PRIMARY MAJOR (Attach the proposal to this form.)
Title of proposed student-defined major: ____________________________

Required minimum GPA for graduation: ____________________________ Total minimum # of units: ____________________________

PROPOSED STUDENT-DEFINED ADDITIONAL MAJOR (Attach the proposal to this form.)
Title of proposed student-defined additional major: ____________________________

Required minimum GPA for graduation: ____________________________ Total minimum # of units: ____________________________

PROPOSED STUDENT-DEFINED MINOR (Attach the proposal to this form.)
Title of proposed student-defined minor: ____________________________

Required minimum GPA for graduation: ____________________________ Total minimum # of units: ____________________________

SIGNATURES/APPROVALS
Student Signature: ____________________________ Date: ____________________________

Advisor: ____________________________ Print Name ____________________________ Signature ____________________________ Date: ____________________________

Associate Dean: ____________________________ Print Name ____________________________ Signature ____________________________ Date: ____________________________

Department Head: ____________________________ Print Name ____________________________ Signature ____________________________ Date: ____________________________

Vice Provost for Education: ____________________________ Print Name ____________________________ Signature ____________________________ Date: ____________________________

University Registrar: ____________________________ Print Name ____________________________ Signature ____________________________ Date: ____________________________

Processed by: ____________________________ Date: ____________________________ Code: ____________________________ Cip: ____________________________