

Change of: Major / Minor / Advisor

Step 1: Provide Student Information and Requested Changes

Last Name _____	First Name _____	Middle Initial _____
Date: _____	Phone Number: _____	Catalog Year: _____
Student ID Number: _____		WOU Email: _____@wou.edu
Student Signature: _____		
<i>Mark all intended changes: (for example: If changing minor only, leave major section blank)</i>		
<input type="checkbox"/> Double Major <input type="checkbox"/> Double Degree (Requires 2 Majors & 1 Minor)		
<input type="checkbox"/> Bachelor of Arts (BA) <input type="checkbox"/> Bachelor of Science (BS) <input type="checkbox"/> Bachelor of Music (BM) <input type="checkbox"/> Bachelor of Fine Arts (BFA)		
**If seeking an AB degree: You DO NOT need this form, please see your new major department		
<input type="checkbox"/> Change of Major Only <input type="checkbox"/> Change of Minor/Cert Only <input type="checkbox"/> Change of Major and Minor <input type="checkbox"/> Change of Advisor Only <input type="checkbox"/> Change of Catalog Year		

<input type="checkbox"/> Major:		<input type="checkbox"/> Minor/Cert/Concentration:	
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<input type="checkbox"/> 2 nd Major:		<input type="checkbox"/> Minor/Cert/Concentration:	
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Faculty or Advisor Name _____ (for major changes only) Faculty or Advisor Signature _____

*If you have already talked to an advisor, or know the name of the advisor you want, please indicate your preference. Your request will be given consideration; however advisors are assigned according to area and availability.

Step 2: Turn in to department for processing

Department Office Use Only

Advisor assigned for major: _____	Initial: _____	Date: _____
Advisor assigned for minor: _____	Initial: _____	Date: _____
<input type="checkbox"/> Copy Sent to Minor Department (if student is changing Major & Minor) <input type="checkbox"/> Copy sent to Registrar's Office for Processing		

Registrar Office Use Only

<input type="checkbox"/> Major	<input type="checkbox"/> Minor	Date: _____	Degree: _____
Major Code: _____	Minor Code: _____	Initial: _____	
<input checked="" type="checkbox"/> Copy Sent to International Office for Approval (International Students Only)			

International Office Use Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: _____	Signature: _____
<input type="checkbox"/> Copy Sent to Registrar's Office for Processing			