

# Andrews University

## APPLICATION FOR CHANGE OF DEGREE PROGRAM

Off-Campus Site \_\_\_\_\_

Name \_\_\_\_\_ AU ID # \_\_\_\_\_  

First
Middle
Last/Surname

Admission Classification  Regular  Provisional Status Change Date \_\_\_\_\_ Sem \_\_\_\_\_ School Year \_\_\_\_\_

Faculty \_\_\_\_\_ Dept \_\_\_\_\_ AA Year \_\_\_\_\_

Anticipated Grad Yr \_\_\_\_\_  May  Dec Phone \_\_\_\_\_ Email \_\_\_\_\_

Mail Address \_\_\_\_\_

**DECLARATION BY STUDENT**

*By placing my signature below, I indicate that I clearly understand the following policies:*

- I understand that if I choose to make any of the following changes, I will be required to graduate under the Affiliation Agreement in effect at the time my request is approved by Andrews University:
  - 1) Change of major
  - 2) Add a major
- Majors must be in the same AA year unless approved via petition.

\_\_\_\_\_  
Student's Signature
\_\_\_\_\_  
Witnessed by Site Registrar
\_\_\_\_\_  
Date

**STUDENT'S REQUEST:** I am a currently enrolled student and hereby request the following change to my degree program.

<b>Old Degree</b> <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> AS	<b>New Degree</b> <input type="checkbox"/> BA <input type="checkbox"/> BS <input type="checkbox"/> AS
1 <sup>st</sup> Major _____	1 <sup>st</sup> Major _____
Emphasis _____	Emphasis _____

**DECISION AND RECOMMENDATION (OFF-CAMPUS SITE)**

	Signature	Date
<b>ACADEMIC ADVISOR</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
<b>SITE REGISTRAR</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
<b>CHECK SHEET CLERK</b> Attached to ACE sheet by:		
<b>DATA ENTRY CLERK</b> Entered in computer by:		

**ANDREWS UNIVERSITY ACTION**

Approved    Denied **SHIPPING DATE STAMP**

Date \_\_\_\_\_ Signature \_\_\_\_\_