To be completed by student:

Name: 

Last        First        Middle        ID

Local Address: 

Phone:               Email:               

Currently registered in:

College        Degree        Major

Wishes to change to:

SOEST 

College        Degree        Major

- Contact department faculty advisor to consult on major requirements.
- Have faculty advisor complete and sign the department section (reverse).
- Submit original form to the SOEST Student Academic Services Office, HIG 135

_________________________  __________________________
Signature               Date

ENTERING COLLEGE:

☐ Approved
Effective Term: ____________________________

☐ Not Approved
Remarks: ____________________________

_________________________  __________________________
Signed:                                Date:

College Student Academic Services

Original – Admissions & Records
Copy – SOEST Student Academic Services
Copy – Department 05/07 (SOEST)
To be completed by department academic advisor:

- Please advise this student regarding your curriculum requirement.
- Complete this form.
- **Have student submit this form to SOEST Student academic Services, HIG 135.**

__________________________ has been advised by me about requirements for a__________

Name of student ___________________________ BA/BS ___________________________

in ___________________________ and ________ recommended for admission into the program.

Major ___________ is/is not

Remarks: __________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Signed: __________________________________________________________

Faculty Advisor ___________________________ Date ___________________________ Phone ___________________________