Request for Undergraduate Change of Major/Advisor Form

This form functions as a change and/or declaration of a major, minor, degree, major emphasis, and advisor. Students must complete Sections I and II below. If the request is to change or add a major or change or add an advisor, the student must arrange to meet with the appropriate Department Chair for approval and an advisor assignment. For a list of majors by degree with concentrations or tracks listed, and of a list of minors, see the Bellarmine University Course Catalog.

SECTION I:

Student Name: _____ BU ID# _____

List Your Current Major(s): _____

List Your Current Minor(s) (if any): _____

List Your Current Advisor(s): _____

Current Class Standing: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Have you already applied for graduation and received a degree audit? ☐ YES ☐ NO

Are you a freshman currently enrolled in your first semester at Bellarmine? ☐ YES ☐ NO

SECTION II:

INDICATE YOUR PROPOSED ACTION:

☐ CHANGE ☐ ADD ☐ DROP ☐ ADVISOR CHANGE ONLY (skip to Section III)

Major 1: _____ Major 2 *(if applicable)*: _____

Circle Degree for Major 1: BA, BS, BSN, BHS

Circle Degree for Major 2: BA, BS, BSN, BHS

Major 1 track or emphasis: _____ *(if applicable)*

Major 2 track or emphasis: _____ *(if applicable)*

Minor 1 (*if applicable*): _____ Minor 2 (*if applicable*): _____

Comments: _____

Student Signature: _____ Date: _____

SECTION III:

This section is to be completed by the Department Chair of the student's major in the case of changing or adding a major(s). It is also to be used if a student wishes to change or add an advisor(s). This section is **not** necessary for adding or changing minors or for dropping anything.

Major 1 Department Chair:

I approve this student's change of major request. Please assign_____ as the academic advisor for this student in this major. *(print advisor full name clearly)*

Chair Signature: _____ Date: _____

Major 2 Department Chair *(if applicable):*

I approve this student's change of major request. Please assign _____ as the academic advisor for this student in this major. *(print advisor full name clearly)*

Chair Signature: _____ Date: _____

Completed form must be submitted by the student to the Bellarmine University Registrar's Office

Horrigan Hall 205 registrar@bellarmine.edu phone 502-272-8133 fax 502-272-7734