

Change of Major/Minor Form

This form is for undergraduate students who are changing or adding majors, minors, degrees, major emphases, and for advisor changes when appropriate. For a listing of majors and minors, see the Bellarmine University Catalog.

Student's Name: _____ BU ID# _____

Current Standing: First-Year Sophomore Junior Senior

List your Intended Graduation Semester and Year: _____

Student should consult with their academic advisor to determine graduation timeline.

Have you already submitted a graduation application (rising seniors)? YES NO

Students must apply for graduation one year prior to intended graduation date.

List your Current Advisor(s): _____

Advisor Changes only? Skip to Section II

SECTION I: ACADEMIC PROGRAM

Please list all majors, emphases, and minors. Use the **Add** or **Drop** check boxes next to each line to clarify the action you want for each major, emphasis, or minor. Use the **Keep** checkbox to notate any majors, emphases, or minors you already have on your record that you want to keep.

Major: _____ Add Drop Keep
Circle Degree for Major: BA, BS, BSN, BHS, BM

Major track or emphasis: _____ Add Drop Keep
(if applicable)

Major: _____ Add Drop Keep
Circle Degree for Major: BA, BS, BSN, BHS, BM

Major track or emphasis: _____ Add Drop Keep
(if applicable)

Major: _____ Add Drop Keep
Circle Degree for Major: BA, BS, BSN, BHS, BM

Major track or emphasis: _____ Add Drop Keep
(if applicable)

Minor (if applicable): _____ Add Drop Keep

Minor (if applicable): _____ Add Drop Keep

Minor (if applicable): _____ Add Drop Keep

If needed, clarify any changes: _____

Student Signature: _____ Date: _____

MINOR changes do not require a signature approval (except for student athletes)

MAJOR additions do require signature approval (Section II)



Continue to any required approval signatures on second page.

SECTION II: REQUIRED APPROVAL(S): Obtain signatures in the sections below that apply to you.

STUDENT ATHLETES *(if applicable)*

ALL STUDENT ATHLETES MUST OBTAIN A SIGNATURE from the Director or Assistant Director of the Department of Academic Services and Support for Student-Athletes, in order to make any changes to their degree program.

Dpt. of Academic Services and Support for Student-Athletes:

I approve this student's requested changes.

Signature: _____

Date: _____

STUDENT SUCCESS ADVISOR *(if applicable)*

Students who currently have a Student Success Center (SSC) advisor must consult them for approval. If necessary, the SSC advisor will give further instructions to students who are transitioning to a faculty advisor in their major department.

Student Success Center Advisor:

I approve this student's requested changes.

SSC Advisor Signature: _____

Date: _____

FACULTY ADVISOR *(if applicable)*

Students who currently have a faculty advisor or have consulted with the SSC must request an appointment with the appropriate Department Chairperson(s) who will assign the new advisor(s) below.

New 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: _____

New 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: _____

Submit completed form to the Bellarmine University Registrar's Office, Horrigan Hall 205