

## Change of Major Form

Student Name (First Last):

UWRF Identification Number: W

Current Degree Plan:

Current Advisor Name (First Last):

Desired Degree Plan:

Rationale for Changing Majors:

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_