



# SEATTLE UNIVERSITY

## OFFICE OF THE REGISTRAR & OPERATIONS

901 12<sup>th</sup> Avenue  
 P.O. Box 222000  
 Seattle, WA 98122-1090  
 (206) 220-8030; Fax: (206) 296-2443  
 Email: registrar@seattleu.edu

# CHANGE OF MAJOR, DEGREE, OR SPECIALIZATION

(RMMPC\_C)

~ Print in Ink ~

### INSTRUCTIONS:

- Student:** Fill out this form. Go to SU Online, print a "what if" program evaluation and bring it and this form with you to the new department. If a program evaluation is not yet available, bring an unofficial transcript.
- New Department:** Review student request, check approve or deny, sign this form and, if approved, write in departmental advisor name. Indicate any conditions of acceptance, degree variations, or specializations.
- Student:** Bring signed form to former department.
- Former Department:** Sign form and return to student. Send student's advising file to the new department.
- Student:** Return completed and signed form to the Office of the Registrar in USVC 103.
- Office of the Registrar:** Process form and notify all parties of the action taken. If the advisor assigned by the new department is not yet in the system, assign the department chair as the default advisor.
- New Advisor:** Upon receiving notification of a new advisee, invite the student to meet to review and revise his/her educational plan. If the new advisor is not available, the department chair invites the student.

Student ID Number \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Student Legal Name \_\_\_\_\_ SU E-mail \_\_\_\_\_ @seattleu.edu  
Last First Middle

Class Level (check one):  FR  SO  JR  SR  Post-Bacc  GR

► Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Change To: New Major, Program, Degree, Specialization, or Certificate

MAJOR DEPARTMENT _____ Degree Major	NAME OF NEW ADVISOR (print clearly) _____ First Last	SIGNATURE OF CHAIR OR DESIGNEE _____ PRINT name:	CHECK ONE <input type="checkbox"/> APPROVE <input type="checkbox"/> DENY	DATE
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\_\_\_\_\_  
 New Chair/Designee initial here For Graduate programs only: I verify that the student has met admission requirements for their new program and that the department has all supplemental materials/admitted paperwork in their advising folder.

### Change From: Former Major, Program, Degree, Specialization, or Certificate

MAJOR DEPARTMENT _____ Degree Major	NAME OF FORMER ADVISOR (print clearly) _____ First Last	SIGNATURE OF CHAIR OR DESIGNEE _____ PRINT name:	DATE
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I am a participant in Intercollegiate Athletics (final signature) \_\_\_\_\_  
(ATHLETIC ADMINISTRATOR) DATE

REGISTRAR'S OFFICE USE ONLY Processed by: _____ Date: _____
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