OAKLAND UNIVERSITY
CHANGE OF MAJOR/MINOR REQUEST FORM

_____ Date received in
New major office
_____ Initials of recipient

To make changes to your major/minor or additional major:

1. Complete **Section I** below. (College guest, post-baccalaureate, and other special students may not declare a major or minor using this form.)
2. Submit the form to the advising office of your new major/minor for processing and approval.
3. *The catalog you follow for graduation requirements cannot be more than six years old at the time of graduation.
4. **NCAA Student Athletes are required to meet with an Athletic Adviser to change any major.**

The advising office for your **new major/minor** will forward your request to the office of the Registrar for coding. If applicable, they will request a revised transfer credit evaluation of your transfer transcripts from Academic Records. **If SAIL does not reflect the change by the start of your next semester, contact your new advising office.**

SECTION I (*To be completed by student*)

Name: _____ Student Number G00_____ Date: _____
    Last   *First*   *Middle Initial*

Address: _____ _____ _____
    Number   *Street*   *City*   *State*   *Zip*

Contact Telephone: _____ OU Email Address: _____ @oakland.edu

Year of entry to OU: _____ Semester of 1st class attended at OU: (Circle one)   Fall   Winter   Summer

Have you already earned a bachelor degree? ☐Yes ☐ No   If so, from what university? _____

NCAA Student Athlete ☐Yes ☐ No   If so, which Sport: _____

Have you transferred credits to OU ☐Yes ☐ No   Are you a Readmit student? ☐Yes ☐ No   Readmit semester: _____
                                   (Have you had to reapply for admission to OU?)

Current Major(s):_____ Current Minor(s):_____
                                         (If any)

REQUESTED CHANGES TO MAJOR(S) and/or MINOR(S)

If changing major entirely, please indicate new major as primary. If adding a second major, please indicate which one is Primary and which one is Secondary. If adding a concentration, be sure to review your major to verify a concentration exists.

Add/Drop (Circle one): _____ **Major/Minor** (Circle one) **Primary/Secondary** (Circle one)

     Add/Drop (Circle one): _____ **Concentration** (if applicable)

Add/Drop (Circle one): _____ **Major/Minor** (Circle one) **Primary/Secondary** (Circle one)

     Add/Drop (Circle one): _____ **Concentration** (if applicable)

Add/Drop (Circle one): _____ **Major/Minor** (Circle one) **Primary/Secondary** (Circle one)

     Add/Drop (Circle one): _____ **Concentration** (if applicable)

Add/Drop (Circle one): _____ **Major/Minor** (Circle one) **Primary/Secondary** (Circle one)

Student's Signature: _____ Date: _____

SECTION II (*To be completed by new major/minor department*)   ☐APPROVED ☐DENIED   MACRAO: ☐YES ☐NO

New Major(s) _____ **New Minor(s)** _____

Reason _____ (if denied)

Date Coded: _____	Initials: _____
Curriculum Code _____	☐Add ☐ Remove
Curriculum Code _____	☐Add ☐ Remove
Curriculum Code _____	☐ Add ☐ Remove
Curriculum Code _____	☐ Add ☐ Remove

Effective Term _____ **Student Athlete:** ☐YES ☐NO

College Requirement Followed: ☐Distribution ☐Exploratory

Transfer Credit Evaluation needs to be sent to new academic unit? ☐YES ☐NO

_____   _____
**Signature of Athletic Adviser (NCAA athletes only)   Date

_____   _____   _____
Signature of authorized dept/school adviser   Date   *Year of earliest Catalog student may follow