



# 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:

- 1. 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.
- 2. 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.
- 3. Student:** Bring signed form to former department.
- 4. Former Department:** Sign form and return to student. Send student's advising file to the new department.
- 5. Student:** Return completed and signed form to the Office of the Registrar in USVC 104.
- 6. 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.
- 7. 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

PROGRAM CODE	NAME OF NEW ADVISOR (print clearly)	SIGNATURE OF CHAIR OR DESIGNEE	CHECK ONE	DATE
B.A. INSTR Degree Major	_____ First Last	 PRINT name: Robert Andolina	<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY	

\_\_\_\_\_  
 For Graduate programs only: I verify that the student has met admission requirements for their new program and that  
 New Chair/Designee initial here all supplemental materials/admitted paperwork in their advising folder.

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

PROGRAM CODE	NAME OF FORMER ADVISOR (print clearly)	SIGNATURE OF CHAIR OR DESIGNEE	DATE
B.A. INST Degree Major	_____ First Last	 PRINT name: Robert Andolina	

I am a participant in Intercollegiate Athletics (final signature) \_\_\_\_\_ DATE \_\_\_\_\_  
(ATHLETIC ADMINISTRATOR)

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