



SEATTLE UNIVERSITY

OFFICE OF THE REGISTRAR
 901 12th Avenue, HILB 220
 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 Vi Hilbert Hall 220, Redhawk Service Center.
- 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.

Seattle U ID: _____ Phone Number: (_____) _____

Student Legal Name: _____ SU Email: _____@seattleu.edu
Last First Middle Area Code

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 _____ 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

PROGRAM CODE _____ 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: _____
