

Academic Change Form

This form is to request a change of Academic Plan (major) within same College/School, or Academic Program (change to different Academic College/School) or add/remove a minor. Students **MUST** consult with an academic advisor before completing. Certain colleges have entrance requirements. Be sure that you have met all requirements required by the college you wish to change to before submitting.

Academic Change Forms can be sent to marsci@miami.edu or delivered in-person to Ungar 210 once the required information session has been completed.

Fill out all applicable sections and sign.

If you are a **student athlete** be sure to discuss your requested changes with your athletic advisor and obtain their signature.

If you are an **international student** be sure to discuss your requested changes with your ISSS advisor and obtain their signature.

Your Current Academic Information:

Fill in your current academic information as it shows in Canelink. **(For Rosenstiel Students – School: UGMS)**

Your Requested Changes:

Fill in your Requested Changes to include academic changes you would like to keep as well as those you would like to add (The form says to write “Remove” on items to be deleted, but due to limited space we would prefer that you omit the items you no longer want.)

See list of Academic Plan Codes (Majors/Minors) and Schools [here](#). Have your advisor assist you to ensure you fill in your changes with the correct plan codes.

Cognates (click to see cognate academic plan codes) – To declare a cognate, please fill out the **Declaration of Cognate form**.

Be sure to have your advisor review the form prior to submission.

ALWAYS leave the back of the form empty.

**Academic Change Form**

(To be completed by Student)

Your InformationName: Doe, John E.UM ID Number: C02401436Email: jdoe@miami.eduPhone Number: 727-342-1111Are you an Athlete? Yes No Are you an International Student? Yes No **Your Current Academic Information** (only complete sections that you currently have declared)School: UGMSPrimary Major: RSMPDegree 1: BSMAS

Major 2: _____

Degree 2: _____

Major 3: _____

Minor 1: CHEM_MN

Minor 2: _____

Minor 3: _____

Some academic programs may have specific
major and/or minor requirements.
Please consult your Academic Bulletin for details.

Arts & Humanities Cognate: AT_0080People & Society Cognate: PS_0070

STEM Cognate: _____

Your Requested Changes (copy all information from the section above, include any additions, & write "Remove" on items to be deleted)School: UGASPrimary Major: PHYS2_BSDegree 1: BSMajor 2: CHEM_AS_A

Degree 2: _____

Major 3: _____

Minor 1: _____

Minor 2: _____

Minor 3: _____

Some academic programs may have specific
major and/or minor requirements.
Please consult your Academic Bulletin for details.

Arts & Humanities Cognate: AT_0080People & Society Cognate: PS_0070

STEM Cognate: _____

Additional Notes (include here if you are a Foote Fellow or are in any special programs, if you have additional cognate requests, etc.)

By signing below, I, the student, affirm that any changes to my degree plan, including major(s), minor(s), and/or cognate(s), may delay my date of graduation. Athletes must obtain an Athletic Advisor's signature on reverse side.

Your SignatureX Signature Required Date: 8/1/2023



Current School's Acknowledgement

Current School: _____ UM GPA: _____
Signature: _____ Print Name: _____ Date: _____

Administration Decision (if applicable, update new Advisor(s) information below)

Approved Denied Denial Reason (if applicable): _____
Signature: _____ Print Name: _____ Date: _____

Approved Changes (input plan codes/abbreviations below)

Effective Term: _____
New Requirement Term: Yes No Term: _____ Bulletin Year: _____
School: _____ Primary Major: _____
Degree 1: _____ Major 2: _____
Degree 2: _____ Major 3: _____
Minor 1: _____
Minor 2: _____
Minor 3: _____
Arts & Humanities Cognate: _____
People & Society Cognate: _____
STEM Cognate: _____
Advisor Name: _____ UM/Empl ID: _____
Advisor Name: _____ UM/Empl ID: _____

Additional Notes

Athletics Advisor's Approval (if applicable)

Signature: _____ Print Name: _____ Date: _____

For Processing Use Only (by Registrar or other College or School)

Signature _____ Date: _____
Processed By: _____