UNIVERSITY
OF MIAMI

Academic Change Form (To be completed by Student)

nber:		
International Student? Yes D No D Intly have declared) Ijor: Some academic programs may have specific		
International Student? Yes D No D Intly have declared) Ijor: Some academic programs may have specific		
International Student? Yes D No D Intly have declared) Intly have declared Some academic programs may have specific		
ijor: Some academic programs may have specific		
ijor: Some academic programs may have specific		
Some academic programs may have specific		
Some academic programs may have specific		
Some academic programs may have specific		
Some academic programs may have specific		
mator and/or minor requirements.		
ease consult your Academic Bulletin for details.		
e any additions, & write "Remove" on items to be d		
•		
Primary Major:		
Major 2: Major 3:		
Some academic programs may have specific		
Some academic programs may have specific major and/or minor requirements. ease consult your Academic Bulletin for details.		

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 Signature

Χ

UNIVERSITY OF MIAMI				
U	(To be completed by UM Administration)			
Current School's Acknow	vledgement			
Current School:		IIM GPA		
	Print Name:			
			Date	
Administration Decision (if applicable, update new Advisor(s) information below)				
Approved Deni				
Signature:	Print Name:		Date:	
Annroved Changes (input	plan codes/abbreviations below)			
Approved Changes (mput	plan codes/aboreviations below)			
Effective Term:				
New Requirement Term: Y	Yes 🗖 No 🗖 Term:	Bulletin Year:		
School:		Primary Major:		
Degree 1:		Major 2:		
Degree 2:		Major 3:		
Minor 1.				
Minor 3:				
Arts & Humanities Cognat	te:			
People & Society Cognate:	:			
STEM Cognate:				
Advisor Name:		UM/Empl ID:		
Advisor Name:		UM/Empl ID:		
Additional Notes				
Athletics Advisor's Appr	oval (if applicable)			
Signature:	Print Name:		Date:	
For Processing Use Only (by Registrar or other College or School)				
<i>a</i> .				
Signature		Date:		

Processed By: