



Academic Change Form

This form is to request a change of Academic Plan. Students **MUST** consult with their Cane Navigator to verify that they have met all requirements based on their requested change. For additional assistance, please contact the Cane Navigator team.

Academic Change Forms can be sent to marsciNav@miami.edu for processing. All academic change forms submitted must be completed with the appropriate program code plans. Please keep in mind that forms will not be processed if they are not completed correctly. Students must provide the appropriate codes to proceed. Our office will **only** be accepting digital forms.

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 Cane Navigator 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 Cane Navigator reviews the form prior to submission.

ALWAYS leave the second page of the form empty.

**Academic Change Form**

(To be completed by Student)

Your Information

Name: Doe, John E. UM ID Number: C02401436
 Email: jdoe@miami.edu Phone Number: 727-342-1111
 Are 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: UGMS Primary Major: RSMP
 Degree 1: BSMAS Major 2: _____
 Degree 2: _____ Major 3: _____
 Minor 1: CHEM_MN
 Minor 2: _____
 Minor 3: _____
 Arts & Humanities Cognate: AT_0080
 People & Society Cognate: PS_0070
 STEM Cognate: _____

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

Your Requested Changes (copy all information from the section above, include any additions, & write "Remove" on items to be deleted)

School: UGAS Primary Major: PHYS2_BS
 Degree 1: BS Major 2: CHEM_AS_A
 Degree 2: _____ Major 3: _____
 Minor 1: _____
 Minor 2: _____
 Minor 3: _____
 Arts & Humanities Cognate: AT_0080
 People & Society Cognate: PS_0070
 STEM Cognate: _____

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

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

X Signature Required Date: 8/1/2023



Administration Decision

Approved Denied Denial Reason (if applicable): _____

Signature: _____ Date: _____

Name (print): _____

Effective Term: _____

New Requirement Term: Yes No If Yes, Specify Term: _____

Bulletin Year: _____

Approved Changes (input plan codes/abbreviations below)

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: _____

Additional Notes

FACULTY MENTOR FIRST AND LAST NAME

Athletics Advisor's Approval (if applicable)

Signature _____ Date: _____

Name (print): _____

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

Signature _____ Date: _____

Processed By: _____