UNT DALLAS

Office of the Registrar

Add/ Change of Degree, Major, Minor, or Certificate Form

Name _____   Student ID _____

Email Address _____   Phone _____

FROM	**TO / ADD**
School _____	School _____
Major 1 _____	Major 1 _____
Major 2/ Minor _____	Major 2/ Minor _____
Certificate _____	Certificate 1st/ 2nd _____
Concentration_____	Concentration _____ #credit hours____
Concentration_____	Concentration _____ #credit hours____
Concentration_____	Concentration _____ #credit hours____
Occup. Specialization_____	Occup. Specialization_____#credit hours____

STUDENTS - READ AND SIGN BELOW:

- I understand that this form does not complete the change of degree process. **I must schedule an appointment with the appropriate advisor to review program requirements.**

- I understand that I must meet all of the graduation requirements for the new major, minor, or certificate as stated in the catalog of the effective term. Any change to my current degree could extend my graduation date.

Signature_____**Date** _____

Advisor Signature_____**Date** _____

For Office Use Only

Completed in EIS:

Date_____Initials_____

10/5/16 CH