TRANSITION REQUEST / CHANGE OF MAJOR

Note: Approved intra-university transfers and change of major, minor, and/or concentration must be received in the Office of the Registrar by the first day of classes for that term. Academic Chair and Academic Advisor signatures of approval required.

Student ID: ________________________________

Last Name          First Name          Middle Initial

Email: ____________________________@udc.edu    Phone No.: (______)

Residency Coordinator Signature (if admitted before 2013): ____________________________ Date: ________

INTRA-UNIVERSITY TRANSITION

Request transition from the School/College of ___________________________________________ to the ____________________________ School/College of ____________________________________________

Year: ________    Effective Term:   ___ Spring   ___ Summer   ___ Fall

Approved: (Former Chair/Academic Advisor) ____________________________ Date: ____________

(New Chair/Academic Advisor) ____________________________ Date: ____________

CHANGE OF MAJOR, MINOR, CONCENTRATION

My MAJOR is changed from ____________________________________________ to ____________________________________________

My 2nd MAJOR is ____________________________________________

Add CONCENTRATION ____________________________________________

My CONCENTRATION is changed from ____________________________________________ to ____________________________________________

Add MINOR ____________________________________________

My MINOR is changed from ____________________________________________ to

Year: ________    Effective Term:   ___ Spring   ___ Summer   ___ Fall

Approved: (Former Chair/Academic Advisor) ____________________________ Date: ____________

(New Chair/Academic Advisor) ____________________________ Date: ____________

Student Signature: ____________________________ Date: ____________

Rev 04/18