UNIVERSITY
OF MIAMI

Academic Change Form (To be completed by Student)

Your Information			
Name:	UM ID Number:		
Email:			
Are you an Athlete? Yes 🗖 No 🗖	Are you an International Student? Yes D No D		
Your Current Academic Information (only con	nplete sections that you currently have declared)		
School:	Primary Major:		
Degree 1:			
Degree 2:			
Minor 1:			
Minor 2:	Some academic programs may have specific major and/or minor requirements.		
Minor 3:			
Arts & Humanities Cognete			
STEM Cognate:			
Your Requested Changes (copy all information fr	rom the section above, include any additions, & write "Remove" on items to be delet		
	·		
School:			
Degree 1:			
Degree 2:	Major 3:		
Minor 1:			
Minor 2:	Some academic programs may have specific		
Minor 3:	major and/or minor requirements.		
	rease consult your Academic Bunchin for details.		
Arts & Humanities Cognate:			
People & Society Cognate:			

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

X

Date:

JNIVERSITY Academic Change Form				
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) in	nformation below)		
	Denied Denial Reason (if applicable):			
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: