

Date Received: _____

Received By: _____

Date Processed: _____

Program of Study Request

Please complete all applicable fields in pen. When requesting changes to your program of study (i.e. major, concentration or catalog year changes), verify all program requirements before obtaining the required signatures for this form. International students must contact their [DSO](#) to verify their change of program of study.

Note: A change of major may result in a change of catalog year.

LAST: _____ FIRST: _____ MI: _____

STUDENT ID: _____ EMAIL: _____@floridapoly.edu

Anticipated term/year of graduation: Summer Fall Spring 20_____

Program of Study Change Request (check all that apply): Major Concentration Catalog

Old Major/Concentration

New Major/Concentration

Current Catalog Year: _____ If seeking to change catalog, please enter New Catalog Year: _____

Step 1: Student Confirmation (All fields required – attach additional statement if more space is required)

Please explain the reason for your change request: _____

I understand the potential impacts changes to my program of study may have on Excess Hours, Financial Aid, and Expected Term of Graduation, and that I am responsible for completing all program and catalog requirements.

Student Signature: _____ Date: _____

STEP 2: Academic Advisor

Student is aware of the program requirements effective with this change, and the potential impact it may have on Excess Credit, Financial Aid, and Expected Term of Graduation. A degree planner for (Term/Year): _____ and (Program of Study) _____ has been reviewed and discussed with student to verify new requirements.

Academic Advisor Signature: _____ Date: _____

STEP 3: Degree Program Department Chair (Current Program of Study)

Student has discussed their academic and career goals and reason for the requested change in their program of study.

Department Chair Signature: _____ Date: _____

STEP 4: Degree Program Department Chair (New Program of Study)

Change of Majors Only: I have discussed the program requirements with this student; they are aware of their responsibility to follow the program curriculum and the following conditions (**list conditions as applicable**):

Department Chair Signature: _____ Date: _____