

Office of the University Registrar

4700 Research Way Lakeland, FL 33805-8531 Registrar@floridapoly.edu

Change of Major

Student UID:		_ Date:
Last Name:	First Name:	Middle Initial:
Address:		
City:	State:	Zip Code:
Phone:	Email:	@floridapoly.edu
tudent must complete form a egistrar. Incomplete forms w	nd obtain the required signatures before submitting it to ill not be processed.	the Office of the University
-	he Add/Drop deadline, as noted on the Academic Calend	ar, this change of major will be
Please provide a brief explana	ation about your reason for the requested change of majo	or:
	r Signature (Leaving Program):	
cademic Program Coordinato This student is eligible to chan career goals and noted any co	r Signature (Leaving Program): ge his/her major as noted on Page 2; I have considered t	Date: he student's academic standing a
Cademic Program Coordinato This student is eligible to chan career goals and noted any co- Conditions:	or Signature (Leaving Program): ge his/her major as noted on Page 2; I have considered t nditions below:	Date: he student's academic standing a
Cademic Program Coordinato This student is eligible to chan career goals and noted any coconditions: Cademic Program Coordinator have been informed of the re	ge his/her major as noted on Page 2; I have considered to note the note of the	Date:he student's academic standing a
Cademic Program Coordinato This student is eligible to chan career goals and noted any co Conditions: Cademic Program Coordinator have been informed of the resty signing this form, I acknowledged	ge his/her major as noted on Page 2; I have considered to an inditions below: r Signature (New Program): equirements of the major and agree to any conditions noted to any conditions noted.	Date:
Cademic Program Coordinato This student is eligible to chan career goals and noted any co Conditions: Cademic Program Coordinator have been informed of the reserve signing this form, I acknowledged the coordinators of the	ge his/her major as noted on Page 2; I have considered to an inditions below: r Signature (New Program): equirements of the major and agree to any conditions not ledge the potential impact of this change on Excess Cred	Date:
cademic Program Coordinato This student is eligible to chan career goals and noted any co Conditions: cademic Program Coordinator have been informed of the re By signing this form, I acknowledged Student Signature: access Coach Signature:	ge his/her major as noted on Page 2; I have considered to note that the second	Date: he student's academic standing a Date: Date: Date: Date: Date: Date:

I am requesting to enter the following program.

Check the appropriate Major and Concentration (if applicable) box from the list below:

College of Engineering

College of Innovation & Technology

Bachelor of Science Degrees:

Bachelor of Science Degrees:

Computer Engineering

Advanced Topics
Digital Logic Design
Embedded System Design
Machine Intelligence

Data Analytics

Advanced Topics
Big Data Analytics
Cloud Virtualization
Health Informatics

Electrical Engineering

Advanced Topics Control Systems Digital Hybrid Systems Electro-Dynamics Computer Science & Information Technology

Advanced Topics
Cyber Gaming

Information Assurance & Cyber Security

Mechanical Engineering

Advanced Topics

Materials & Advanced Manufacturing

Nanotechnology

Operations Research

Science and Technology Management

Master of Science Degrees:

Engineering

Electronic, Communication, and Control Systems

College of Innovation & Technology

Big Data Analytics Logistics Analytics