



UNDERGRADUATE ACADEMIC CHANGE FORM

University Advising Center

Student Engagement Center Room 3120 • CPO # 286 • Phone & Fax (210) 805-5814 • E-Mail: advising@uiwtx.edu

Requesting an academic change is an important decision which requires considerable thought. By completing this form, you acknowledge you are aware of your academic requirements and that your academic change may affect your intended graduation date. Keep in mind some degrees, majors and/or minors require certain criteria (i.e. minimum grade point average (GPA)). Speak with an academic advisor for more information.

PERSONAL INFORMATION

Name: _____ Student ID: _____

Phone: _____ Cardinal Mail: _____

Freshman (0-29 Hours) Sophomore (30-59 Hours) Junior (60-89 Hours) Senior (90+ Hours)

International Student SACM Student Sponsored Student

REASON FOR CHANGE: _____

Please Note: If you answer No to question 1, 2 OR 3 AND No to both questions 4 AND 5, you will need to meet with an advisor to discuss your academic change.

Comment Section
(i.e.: Meeting with advisor tomorrow.)

- 1. Are you aware of the requirements for your new degree, major, concentration, or minor? YES NO
- 2. Have you conducted a degree evaluation? YES NO
- 3. Have you created a graduation plan? YES NO
- 4. Have you consulted with an advisor regarding your change? YES NO
- 5. Did you meet with Career Services to discuss your change? YES NO
- 6. Are you receiving Veteran Affairs Educational Benefits? YES NO
- 7. Are you a student athlete? YES NO
- 8. Are you a SACM or sponsored student? YES NO

Career Services Signature Required

Veteran Affairs Signature Required

Athletics Advisor Signature Required

Sponsored Student Coordinator Signature Required

Comments (For Office Use Only):

CURRENT DEGREE/MAJOR/CONCENTRATION/MINOR

Current Degree/Major (*BAMATH, BSMATH, etc.*): _____

Current Concentration (*If applicable*): _____ Current Minor (*If applicable*): _____

CHANGE OF DEGREE/MAJOR/CONCENTRATION/MINOR

Indicate your request to add, change or remove a degree, major, concentration, and/or minor. Please refer to the list of degrees, majors, concentrations and minors.

ADD

CHANGE

REMOVE

Degree/Major (*BAMATH, BSMATH, etc.*): _____

Concentration (*If applicable*): _____ Minor (*If applicable*): _____

CHANGE OF ADVISOR

Indicate your request to change your advisor

Current Advisor: _____ New Advisor: _____

Comments (For Student Use):

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Request Processed By:

Date:

Forms are generally processed within seven business days.
You will be notified by Cardinal Mail once your request is processed.