



Change of Undergraduate Academic Program

Please Print

Name: _____ OSU ID# _____
Last First Middle

Submit this form before the first Sunday of the first full week of the term you want your program change to take effect. If you submit it after this deadline, the change will take effect next term.

| Current Program Enter <u>all</u> current program information. | New Program Enter information for any programs you intend to continue and/or new programs you are declaring. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| *Major/Minor/Option codes are at the bottom of each program page in the OSU General Catalog: http://catalog.oregonstate.edu/Default.aspx?section=Degree | Effective Term _____ |
| College 1: | College 1: |
| College 2: | College 2: |
| Major 1: _____ Code* | Major 1: _____ Code* |
| Major 2: _____ Code* | Major 2: _____ Code* |
| Option 1: _____ Code* | Option 1: _____ Code* |
| Option 2: _____ Code* | Option 2: _____ Code* |
| Option 3: _____ Code* | Option 3: _____ Code* |
| Minor 1: _____ Code* | Minor 1** : _____ Code* |
| Minor 2: _____ Code* | Minor 2** : _____ Code* |

Degree Type: BS BA BFA
***Campus:** Ecampus Corvallis Cascades
Notes: _____

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Notes: _____

Student Signature¹: _____ **Date:** _____

College Head Advisor Signature: _____ **Date:** _____

Advisor contact information is available at <http://catalog.oregonstate.edu/ChapterDetail.aspx?key=369>

****Minor College Signature to add minor:** _____ **Date:** _____

Departmental Signature for Campus Transfer: _____ **Date:** _____

*Signatory approval required from academic department at the receiving campus when transferring. Students transferring to OSU-Cascades, call Enrollment Services at 541-322-3100 for academic contact.

¹ **Release Notification:** I understand and agree that OSU-Cascades and its partner institutions will share/release information (financial and educational) between the institutions consistent with federal and state laws, on applied and admitted students. I understand that electronic data transmission may be done through the Oregon Student Access Commission.