

THE UNIVERSITY OF TEXAS OF THE PERMIAN BASIN

UNDERGRADUATE CHANGE OF MAJOR/ADVISOR REQUEST

NOTE: This form should be returned to the Academic Counselor's Office

TO BE FILLED OUT BY STUDENT: UID: 000-00-0000

NAME (Last Name; First Name; M.I.) ___ ___

ADDRESS: ___ CITY: ___ STATE: ___ ZIP: 00000

TELEPHONE NUMBER: (DAY) 000-000-0000 (EVENING) 000-000-0000

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PLEASE CHANGE MY RECORDS ACCORDINGLY:

I. CHANGE OF MAJOR

1st MAJOR: FROM: ___ TO:

OPTIONAL 2nd MAJOR: FROM: ___ TO:

Check Area of Teacher Certification:

- Elementary Early Childhood All Level (Art & Kinesiology Majors ONLY)
 Secondary Special Education Bilingual/E.S.L.

STUDENTS WHO ARE WORKING TOWARD TEACHER CERTIFICATION AT ANY LEVEL SHOULD CONTACT THE CERTIFICATION OFFICE WHEN CHANGING MAJORS BECAUSE CHANGING MAY IMPACT CERTIFICATION REQUIREMENTS.

II. CHANGE OF ADVISOR

FROM: ___ TO:

SIGNATURE OF STUDENT

DATE

SIGNATURE OF PERSON RECEIVING CHANGE REQUEST

DATE

YOU WILL BE NOTIFIED WHEN YOUR CHANGE OF MAJOR REQUEST HAS BEEN COMPLETED.

FOR OFFICE USE ONLY

FOR REGISTRAR'S OFFICIAL USE ONLY

ACADEMIC COUNSELOR

DATE

Comments: _____

1ST MAJOR _____

College/School

Major _____

Adv. Code _____

2ND MAJOR _____

College/School

Major _____

Adv. Code _____

TEACHER CERTIFICATION _____

Adv. Code _____