OAKLAND UNIVERSITY
CHANGE OF MAJOR/MINOR REQUEST FORM

To make changes to your major/minor:
1. Complete Section I below. (College guest, post-baccalaureate, and other special students may not declare a major or minor using this form.)
2. Submit the form to the advising office for your new major/minor to be processed.

The advising office for your new major/minor will code and process your change request with the Registrar’s office. If applicable, they will request a revised transfer credit evaluation of your transfer transcripts from Academic Records.

SECTION I (To be completed by student)

Name: ____________________________ ____________________________ ____________________________
Last First Middle Initial Grizzly #

Address: ____________________________ ____________________________ ____________________________
Number Street City
State Zip Code

Contact Telephone: ____________________________ OU E-mail Address: ____________________________
@oakland.edu

Year of entry to OU: ____________________________ Semester of 1st class attended at OU: (Circle one)
Fall Winter Summer

Have you already earned a bachelor’s degree? □ Yes □ No If so, from what university? ____________________________

Have you transferred credits to OU? □ Yes □ No Are you a Readmit student? □ Yes □ No Readmit semester: ____________________________
(Have you had to reapply for admission to OU?)

Current Major(s): ____________________________ Current Minor(s): ____________________________
(If any)

REQUESTED CHANGES TO MAJOR(S) and/or MINOR(S)

Add/Drop (Circle one): ____________________________ Major/Minor (Circle one)
Add/Drop (Circle one): ____________________________ Major/Minor (Circle one)
Add/Drop (Circle one): ____________________________ Major/Minor (Circle one)
Add/Drop (Circle one): ____________________________ Major/Minor (Circle one)

Student’s Signature: ____________________________ Date: ____________________________

SECTION II (To be completed by new major/minor department)

Gen Ed to Follow: □ OLD □ NEW MACRAO: □ YES □ NO Student Athlete: □ YES □ NO

College Requirement Followed: □ Distribution □ Exploratory

Date Coded: ____________________________
Initials: ____________________________

Signature of authorized dept/school adviser Date Year of earliest Catalog student may follow*