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| **UNCP ID** | **8** | **4** | **0** |  |  |  |  |  |  |

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| **Student Information** | | | | | |
| **Last Name** | | **First Name** | | **Middle**  **Initial(s)** | **Suffix**  **(Jr., II, etc.)** |
| **Home Phone** | **Cell Phone** | | **Email**  **@bravemail.uncp.edu** | | |

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| **CHECK ALL THAT APPLY**  (All signatures required. Take this form to the Dept. Chair of your new program, where they will assign you a new advisor.)  For multiple declarations in different departments, a separate form for each department will be needed. | | | | | |
| **Declaring a Major/Concentration** |  | **Adding a Major/Concentration** |  | **Changing a Major/Concentration** |  |
| **Declaring a Minor** |  | **Adding a Minor** |  | **Changing a Minor** |  |
| **Dropping a Major/Concentration**  **(No signature required)** |  | **Dropping a Minor**  **(No signature required)** |  | **Request to change Advisor** |  |

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| **CURRENT Information** | |
| **Current Major** |  |
| **Current Concentration**  (if applicable) |  |
| **Current Minor**  (if applicable) |  |
| **Current Advisor** |  |
|  |  |
| **NEW Information** | |
| **New Major** |  |
| **New Concentration**  (if applicable) |  |
| **New Minor**  (if applicable) |  |
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| **REQUIRED SIGNATURES** | | | |
| **Student’s Signature** | **Student Signature** | | **Date** |
| **NEW Department Chair** | **Print Name** | **Signature** | **Date** |
| **NEW Advisor\*** | **Print Name** | **Signature** | **Date** |

\* I, the Advisor, have discussed the UNCP Policies, Core Requirements, and all major and/or minor requirements.

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| **OFFICE USE ONLY** | | | | | | | |
| **Communication regarding this change(s) was sent to** | | | | | | | |
| **Former Dept. Chair** |  | **Former Advisor** |  | **Advising Center (if previously undeclared)** |  | **Staff Initials** |  |