

STETSON UNIVERSITY

Major add/drop Request Form

Students are required to meet with their Academic Advisor to discuss how changing their major will affect their overall career goals and the length of program.

Student Name: _____ ID#: _____

Current Major: _____

New Major: _____

* By signing below, I confirm that I've discussed changing my degree program with my Academic Advisor and agree to adhere to my revised Planned Program.

Student Signature

Date

Academic Advisor Approval

Date

Office of Graduate Studies

gradstudies@stetson.edu

386-822-7073

Office use only:

- Banner Updated
- Student Check-list Updated
- Student File Updated
- Degree Audit Refreshed