## **STETSON UNIVERSITY**

## Counselor Education Major Change 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 their program.

Student Name:	ID#:
Current Major:	
New Major - Primary Concentration (you must	select one):
□ CMHC □ MCFC □ DUAL	
Secondary Concentration:	
□ CMHC □ MCFC □ Spirituality in Counselin	g 🗆 Play in Creativity Counseling
Third Concentration:	
□ CMHC □ MCFC □ Spirituality in Counselin	g 🗆 Play in Creativity Counseling
Fourth Concentration:	
□ CMHC □ MCFC □ Spirituality in Counselin	g 🗆 Play in Creativity Counseling
* By signing below, I confirm that I've discusse Advisor and agree to adhere to my revised Plan	d changing my degree program with my Faculty ned Program.
Student Signature	Date
Faculty Advisor Approval	Date
Office use only:  Banner updated Degree audit note section updated Degree audit refreshed	

☐ Send a copy to the COUN support person