Undergraduate Change of Academic Record
Type or Print in Ink.

Student Name: ________________________________________  Student ID#: ______________________________________

Address: _______________________________________________  Madonna Email Address: _______________________

City: _______________________ State: ____ Zip Code: _______  Phone Number: _______________________________

_____ Freshmen (0-29)  _____ Sophomore (30-59)  _____ Junior (60-89)  _____ Senior (90 or more)  _____ Post Degree

_____ Filed Application to Graduate

NOTE: Any change(s) to your academic record may delay your graduation date. This request may be processed a maximum of once a term. Return this signed form to the Office of the Registrar.

A. UNDECLARED students, complete this section to declare the following:

Declaration of Major: ___________________________________  Circle one A.A./A.S./Minor/Cert: _______________________

Second Major: ________________________________________  Pre-Professional Program: ____________________________

Signature of Advisor: ___________________________________  Date: _____________________________

B. DECLARED students, changing/adding/dropping complete this section:

Change of Major – From: ________________________________  To: ________________________________

Add a Second Major: ________________________________  Add ( circle one A.A./A.S./Minor/Cert): _______________________

Drop Second Major: ________________________________  Drop( circle one A.A./A.S./Minor/Cert): _______________________

Signature of Advisor in New Major: ___________________________  Date: _____________________________

C. TEACHER CERTIFICATION students complete this section, if you are adding ( ) or dropping ( ):

Secondary ( )  Elementary Curriculum Minor ( )

Signature of Education Advisor: ___________________________  Date: _____________________________

D. DEGREE/CERTIFICATE CHANGE (e.g., A.A./A.S./B.A./B.S./BSN/BSW/BUMS etc.) students complete this section:

Change the Degree – From: ________________________________  To: ________________________________

Signature of Current Advisor: ________________________________  Date: _____________________________

E. If you are a Post Degree student wanting to register for courses not connected to a program at Madonna, check here ( ).

Student Signature: ______________________________________  Date: _____________________________

You will receive written acknowledgement of these changes and your degree/certification requirements.

Return completed form to the Office of the Registrar.

Revised 2.25.2011