

UNIVERSITY of ALASKA ANCHORAGE

Enrollment Management
PO Box 141629
Anchorage, AK 99514-1629
(907) 786-1480

For Official Use Only

UNDERGRADUATE CHANGE OF MAJOR OR DEGREE

This form may only be used by students who have been formally admitted to a degree seeking status. Changes at same degree level as admitted program will be processed with departmental approval. Students wishing to change to a lower degree (i.e. Baccalaureate to Associate) can do so. Students wishing to change from an Associate to Baccalaureate program must apply for admission to the new level even if previously admitted. Be aware that changes to degree level may impact financial aid.

NOTE: Students who change their major or degree, or add a second major, must satisfy the catalog requirements for the new major or degree in effect at the time of the change, unless going from pre-major to full major. Change of Majors/Degrees take effect during the semester in which they were submitted. (See UAA catalog)

INSTRUCTIONS TO THE STUDENT:

1. Meet with an advisor from the new department (strongly recommended but not required)
2. Complete any entrance requirements for the new major/degree
3. Complete Part I of this form
4. Submit this form to your new department

PART 1 – To be completed by the student

Name _____ UA Student ID _____
Last First MI

UA Student Email _____@uaa.alaska.edu Phone _____

This request is to Change Major/Degree
Add Second Major (Double majors must have the same degree. Example: BA in History/English)
Drop a Major

From _____ To _____
(Current Major/Degree) (New Major/Degree) (Second Major)

(Student's Signature) (Date)

By signing this form, students receiving VA benefits do hereby authorize UAA to notify the Regional Office of Veterans Affairs of this change.

PART 2 – To be completed by department

If adding a second major: (Degree must be the same)

Primary Major _____ Degree _____ Secondary Major _____

College or School _____ College or School _____

Approved Pre-Major
Not Approved Full Major

Approved Pre-Major
Not Approved Full Major

Advisor Assigned: _____ Advisor Assigned: _____

Comments: _____ Comments: _____

(Dept. Authorized Signature) (Date) (Dept. Authorized Signature) (Date)