Change of Major Form

College of Agricultural and Life Sciences

SECTION 1: TO BE COMPLETED BY THE STUDENT. **PLEASE PRINT ALL INFORMATION CLEARLY.**

_____ _____ _____

UF ID First Name Last Name Date

Semester entered UF (select one): ☐ Fall ☐ Spring ☐ Summer _____ (year)

Entered UF as a (select one): ☐ Freshman ☐ Transfer

Current Major: _____

NOTE: A statement of personal goals may be required by the college.

SECTION 2: TO BE COMPLETED BY THE ADVISER.

Requested Major (and specialization if applicable): _____

Current UT GPA in requested major: _____ Current UF GPA: _____

Estimated number of credits needed to complete requested major: _____

Projected semester of graduation: ☐ Fall ☐ Spring ☐ Summer _____ (year)

Adviser's Schedule Recommendation

_____ semester 20	**_____ semester 20**	**_____ semester 20**

Adviser's Comments/Conditions:

Adviser's Signature: _____ **Date:** _____

This student is eligible to change into the major/specialization listed above. I have considered the student's academic standing, personal and career goals and noted any required conditions in the space above.

Student's Signature: _____ **Date:** _____

I have been informed of the required courses for this major and agree to any conditions that need to be met for my change of major. I understand that final approval is up to the college.

RETURN COMPLETED FORM TO 2020 MCCARTY HALL D

SECTION 3: TO BE COMPLETED BY THE COLLEGE.

Earned Hours: _____ Accelerated Hours: _____ Estimated total hours for degree: _____

Remaining hours to Excess: _____

CALS Comments/Conditions:

CALS Signature: _____ Major Code: _____ UT: _____ Date: _____