### Change of Major Form

**College of Agricultural and Life Sciences**

**SECTION 1: TO BE COMPLETED BY THE STUDENT.**

<table>
<thead>
<tr>
<th>UF ID</th>
<th>First Name</th>
<th>Last Name</th>
<th>Date</th>
</tr>
</thead>
</table>

Semester entered UF (circle one): Fall Spring Summer _______ (year)

Entered UF as (circle 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)

<table>
<thead>
<tr>
<th>Adviser’s Schedule Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>______ semester 201____</td>
</tr>
<tr>
<td>______ semester 201____</td>
</tr>
<tr>
<td>______ semester 201____</td>
</tr>
</tbody>
</table>

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: _____