

# Innovation Academy Change of Major Form (Out of IA)

## 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: Spring \_\_\_\_\_ (year)

Current Major: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTE: Attach a personal statement explaining your reasons for applying to change to a non-IA Major. Include things such as career goals, educational objectives, etc.**

**SECTION 2: TO BE COMPLETED BY THE ADVISER OF THE PROPOSED MAJOR.**

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 complete plan to finish the proposed degree (attach additional page if needed)

Spring Semester 201__	Summer Semester 201__	Fall Semester 201__

Adviser's Comments/Conditions (circle level of support below and provide any additional comments):

Support change of major                     
  Support with reservations or conditions (explained below)                     
  Do not support

**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. I understand that I may not pursue coursework for a new major until this form is approved. Any changes to the above plan of study prior to graduation will require adviser approval.

**SEE NEXT PAGE FOR ADDITIONAL INSTRUCTIONS**

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### SECTION 3: TO BE COMPLETED BY THE INNOVATION ACADEMY ADVISER

IA Adviser's Comments/Conditions (circle level of support below and provide any additional comments):

Support change of major

Support with reservations or conditions (explained below)

Do not support

IA 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.

**BRING TO 2020 MCCARTY HALL D FOR FINAL REVIEW AND PROCESSING**

### SECTION 4: TO BE COMPLETED BY THE COLLEGE.

Earned Hours: \_\_\_\_\_ Accelerated Hours: \_\_\_\_\_ Estimated total hours for degree: \_\_\_\_\_

Remaining hours to Excess: \_\_\_\_\_

All general education requirements are met:      Yes                  No

Comments or conditions:

**YOUR APPLICATION HAS BEEN:**                  APPROVED                  DENIED                  DEFERRED

CALS Signature: \_\_\_\_\_ Major Code: \_\_\_\_\_ UT: \_\_\_\_\_ Date: \_\_\_\_\_