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)

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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
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: _____