UN	IVERSITY
OF	MIAMI

## Academic Change Form (To be completed by Student)

Your Information			
Name:	UM ID Number:		
Email:			
Are you an Athlete? Yes D No D	Are you an International Student? Yes D No D		
Your Current Academic Information (only con	mplete sections that you currently have declared)		
School	Drimory Major:		
School:			
Degree 2:	Major 3:		
Minor 1:			
Minor 2:	Some academic programs may have specific		
Minor 3:	major and/or minor requirements.		
	Please consult your Academic Bulletin for details.		
Arts & Humanities Cognate:			
STEM Cognate:			
Your Requested Changes (copy all information for	rom the section above, include any additions, & write "Remove" on items to be deleted		
Sahaali	Drimony Majon		
School:			
Degree 1:			
Degree 2:	Major 3:		
Minor 1:			
Minor 2:	Some academic programs may have specific		
Minor 3:	major and/or minor requirements.		
	rease consult your Academic Bulletin for defails.		
Arts & Humanities Cognate:			

STEM Cognate:

Additional Notes (include here if you are a Foote Fellow or are in any special programs, if you have additional cognate requests, etc.)

By signing below, I, the student, affirm that any changes to my degree plan, including major(s), minor(s), and/or cognate(s), may delay my date of graduation. Athletes must obtain an Athletic Advisor's signature on reverse side.

Your Signature

X

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UNIVERSITY OF MIAMI	Academic Change Form				
U	(To be completed by UM Administration)				
Current School's Acknow	vledgement				
Current School:		IIM GPA			
	Print Name:				
			Date		
Administration Decision (if applicable, update new Advisor(s) information below)					
Approved Deni		e):			
Signature:	Print Name:		Date:		
Annroved Changes (input	plan codes/abbreviations below)				
Approved Changes (mput	plan codes/aboreviations below)				
Effective Term:					
New Requirement Term: Y	Yes 🗖 No 🗖 Term:	Bulletin Year:			
School:		Primary Major:			
Degree 1:		Major 2:			
Degree 2:		Major 3:			
Minor 1.					
Minor 3:					
Arts & Humanities Cognat	te:				
People & Society Cognate:	:				
STEM Cognate:					
Advisor Name:		UM/Empl ID:			
Advisor Name:		UM/Empl ID:			
Additional Notes					
Athletics Advisor's Appro	oval (if applicable)				
Signature:	Print Name:		Date:		
For Processing Use Only (by Registrar or other College or School)					
<i>a</i> .					
Signature		Date:			

Processed By: