

# MAJOR/ADVISOR/CATALOG UPDATE

Please select one of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Requesting to change advisor only                              | <input type="checkbox"/> Requesting to change my major, advisor and catalog year                              |
| <input type="checkbox"/> Requesting to change catalog year only                         | <input type="checkbox"/> Requesting to add an additional degree, major or concentration to my primary program |
| <input type="checkbox"/> Requesting to declare a concentration to my current major only | <input type="checkbox"/> Requesting to change my advisor (30+ hours, no longer advised by PAC Advisor)        |

Name \_\_\_\_\_ WVUP ID or SSN \_\_\_\_\_

**CATALOG POLICY:** Students continually enrolled in an academic program whose curriculum has changed may choose to pursue their degree under the new program requirements by **notifying the Center for Student Services of their intent**. Students who chose to follow a newer curriculum may not retroactively select to return to a program's previous course requirements after requesting a change. After formal admission to a program a student has the option of moving to a more recent curriculum but is not required to do so. Otherwise students who are continually enrolled are required to complete their degree under the program requirements as outlined in the catalog for the year in which they were admitted or granted program admission.

\*Programs requiring separate admission (Pharmacy Technician, Nursing, Surgical Technology) and all baccalaureate programs should not be included on this form and should utilize the Division process of Program Admission letters.

This form's purpose is to request a change in major, change in advisor, and/or change in catalog year used for graduation. The Center for Student Services will process only with appropriate signatures.

**New Degree/Major:**

<input type="checkbox"/> Certificate	<input type="checkbox"/> Associate in Applied Science  <i>* For Occupational Development:</i>  (indicate organization name) _____	<input type="checkbox"/> Associate in Science <input type="checkbox"/> Business Administration 709 <input type="checkbox"/> General Education 798 <i>*Concentration not required, but select from option below if interested in this specific area:</i> <input type="checkbox"/> Nursing (pre-adm) 715
Catalog Year (Example: 2020-2021) _____  Campus? (Check one) <input type="checkbox"/> Main <input type="checkbox"/> JCC	<input type="checkbox"/> Associate in Arts 698 <i>*Concentration not required, but select from options below if</i>	<p style="text-align: center;"><b>*Office Use Only*</b></p> Assigned Advisor:  _____

**Department Acceptance Signature\***

\_\_\_\_\_  
 \*Signature of Advisor or Chair from New or Additional Major indicates advisement/counseling occurred with student.

I understand that by signing this form, my record will be changed. I have read the complete policy provided above and have sought advisement/counseling from the appropriate departments (may include Financial Aid).

Student Signature \_\_\_\_\_ Date \_\_\_\_\_