Program/Plan Change
(For declaring or changing majors and/or minors)

Please note: An advisor signature is required for the new program/plan declared.

Name: ____________________________________________ Student Number: ____________________

Last First MI

I request to change/add for (check one): ___Fall ___Spring ___Summer Year 20____

I am: ___Adding a 2nd Major (same college/division) ___Adding a 2nd Major (different college/division) ___Changing my Major ___Minor Sub-Plan ___Declaring Major (for students currently Undeclared) ___Declaring Minor (first time) ___Adding 2nd Minor ___Department of Joint Engineering ___Removing ___Adding ___School Social Work

I request to change to: ___College of Arts & Sciences ___College of Business Administration ___College of Education ___College of Nursing ___BSN ___RNBSN ___College of Nursing ___BSN ___RNBSN ___Department of Joint Engineering ___School of Social Work

I plan to complete the following degree programs:

Bachelor of Arts (BA) with a major in:
-Anthropology ___Art History ___Biology ___Chemistry
-Communications ___Economics ___English ___History
-Mathematics ___Modern Lang. ___Music ___Philosophy
-Physics ___Political Sci. ___Psychology ___Sociology
-Theatre Arts ___Undeclared

Bachelor of Fine Arts in: _____________________ Sub-Plan ___________________

Bachelor of Science (BS) with a major in:
-Biology ___Biochem/Biotech ___Chemistry
-Computer Science ___Crimin/Crim Just ___Economics
-Mathematics ___Media Studies ___Psychology ___Sociology

Bachelor of Interdisciplinary Studies (BIS) ___
(A separate application for admission is required)

Bachelor of Liberal Studies:
1st Minor ____________ 2nd Minor/Certificate ____________

Bachelor of Music (circle & select sub-plan if applicable)
-Elect St in Bus ___Music Comp ___Music Edu ___Music Theory ___Perfm

Bachelor of Science in Accounting (BSA) ___
Bachelor of Science in Information Systems (BSIS) ___
Bachelor of Science in Business Administration (BSBA) ___

I plan to complete a minor or certificate in:

______________________________________________________________

Student Signature __________________________ Date ____________ Advisor Signature

For official use
Processed by:
Return to: ____________________________________________________________

Office of the Registrar
University of Missouri – St. Louis