

# Change of Major Form

## 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 (circle one):    Fall        Spring        Summer        \_\_\_\_\_ (year)

Entered UF as a (circle one):    Freshman    Transfer

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

**NOTE: A statement of personal goals may be required by the college.**

### SECTION 2: TO BE COMPLETED BY THE ADVISER.

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 Schedule Recommendation

_____ semester 20__	_____ semester 20__	_____ semester 20__

Adviser's Comments/Conditions:

**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.

#### RETURN COMPLETED FORM TO 2020 MCCARTY HALL D

### SECTION 3: TO BE COMPLETED BY THE COLLEGE.

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

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

**CALS Comments/Conditions:**

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