



3315 University Drive
Bismarck, North Dakota 58504
Phone: 701.221.1850
Fax: 701.530.0636 | registrar@uttc.edu

Academic Major Change Form

Student Name: _____ ID# _____ Academic Semester _____ Year _____

Please complete and return to the Registrar's Office.

The form is available on the UTTC Website.

This form is used if the student is changing from one academic program to another at the same level (e.g. one AAS/AS degree to a different AAS/AS degree or one BS program to a different BS program) prior to graduation.

The student will initiate the Academic Major Change form by following the steps below.

1. Meet with a UTTC Financial Aid Representative to discuss potential financial aid implications.
2. Meet with student's current academic advisor to initiate the **Academic Major Change form** if the student is still choosing to change academic programs. *(The academic advisor will make a copy of the form to retain for their records)*
3. Meet with the new academic advisor. *(The academic advisor will make a copy of the form to retain for their records)*
4. Student signs the form signifying their decision.
5. After all signatures are collected, the **Academic Major Change form** is submitted to the UTTC Registrar, who will record the change in the Student Information System.

****Please note that a Major Change goes into effect before Census date OR after semester grades are posted.**

1	Financial Aid Advisor consultation meeting.	
	_____	_____
	Financial Aid Signature	Date

2	Current Degree: _____ <input type="checkbox"/> Diploma <input type="checkbox"/> Cert <input type="checkbox"/> AAS/AS <input type="checkbox"/> BS	
	_____	_____
	Current Academic Advisor's Signature	Date

3	New Degree: _____ <input type="checkbox"/> Diploma <input type="checkbox"/> Cert <input type="checkbox"/> AAS/AS <input type="checkbox"/> BS	
	_____	_____
	New Academic Advisor's Signature	Date

4	Student Signature: <i>This signature signifies my decision to change my major.</i>	
	_____	_____
	Student's Signature	Date

5	Turn in to the Registrar's Office		
	_____	_____	_____
	Registrar's Office Signature	Date Received	Date Changed