University of Houston Z Clear Lake

Academic Record Change Form

Purpose:	This form is to request a change of: Academic Plan (major) within same College, or Academic Program (change to different Academic College), or from Degree-seeking to Non-Degree Seeking status.						
Instructions:	Students must consult with an academic advisor before completing. Fill out all applicable sections and sign.						
	Please allow 3-5 business days.						
Processing Time:	*Changes from Non-Degree Seeking to Degree-Seeking status must be completed through a new application via Admissions.						
Note:	*Changes from Non-	Degree Seeking to	o <u>Degree-Seeking</u> sta	tus must be completed	through a new application via Ad	missions.	
Student Name: _					ID:		
	Last Name	First	Middle	;			
Academic Level:	Graduate		Undergraduate	I curre	ntly have a minor (Y/N)	_	
Choose one of	the following:						
Change	of Academic Plan (N	Iajor) <u>within</u> th	ne same College:				
I am rec	juesting to change my	major as indica	ted below.				
Current Plan/Subplan: New Plan				n/Subplan:			
	ange may be processe or implications have b				vised in the new degree plan. It reded.	f applicable,	
	Advisor chec	ck this box if th	e plan changes inv	olve a BAS or BSN	degree—forward to Registrar	's Office	
Change	of Academic Progra	m (changing to	another College):				
Effectiv	re (enter requ	uirement term), I	I am requesting to c	hange my major to a	nother College as indicated belo	w.	
	Current Plan/Subpl	an:		New Plan/Subplan:			
	Current College:			New College:			
	Advisor chec	k this box if the	e plan changes inv	olve a BAS or BSN o	legree-forward to Registrar's	Office	
New Ti		Academic Tra	nsfer Advising Of	fice will forward thi	s form to the Registrar's Office	ce for	
	er students: Once the		ed in the new major	or, the advisor in the	new college must forward this	form to the	
					Declaration Form as needed. If ing to the Registrar's Office.	the minor is no	
	equesting to change a				ree Seeking status.		
Acknowledgme	ent-I have been advences and Humanitie	vised by an ac		n the College of:	Academic Transfer Ac	lvising Office	
STUDENT SI	GNATURE (REQ	UIRED)	DATE		PHONE NUMBER		
ADVISOR SIG	GNATURE (REQ	UIRED)	ADVISO	ADVISOR PRINT NAME DA			
Acadei	nic Advising Office	Use Only		Regist	rar's Office Use Only		
Academic Plan changed by:				Academic Status changed by:			
Signature:				Signature:			
Date				Date		1	

Reminder: Review BAS/BSN Checkboxes