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

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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 2002 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:

______________________________  Major Code:  __________  UT:  ______  Date:  ______

CALS Signature: