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 (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 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: _____