UNDERGRADUATE CHANGE OF MATRICULATION FORM
REGISTRAR’S OFFICE

Instructions: This form is to be used by undergraduates to change a major or to add a second major, emphasis, or minor. If adding programs, complete only the New Major/Emphasis/Minor box. The department of each major/minor/emphasis must sign this form. If the student is changing departments, then both Department Heads must sign.

Please Print Clearly:

<table>
<thead>
<tr>
<th>Student I.D. Number</th>
<th>Name (Last, First, M.I.)</th>
<th>E-Mail Address</th>
</tr>
</thead>
</table>

Please provide the following to be updated in the university database:

<table>
<thead>
<tr>
<th>Local Address</th>
<th>Permanent Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
<td>Street</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Zip</td>
<td>City</td>
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<td>State</td>
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<tr>
<td></td>
<td>Zip</td>
</tr>
<tr>
<td>Phone</td>
<td>Phone</td>
</tr>
</tbody>
</table>

CURRENT MAJOR

Major__________________________
Department______________________College__________
Student: Please state the reason for changing majors
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
Cumulative GPA:___________ USU GPA:___________
Status:☐ Warned ☐ Probation ☐ Good Standing
Signature for current major:
_________________________________________________
department signature/title
Date:______________________________

NEW (OR ADDITIONAL) MAJOR/EMPHASIS/MINOR

Major__________________________
Emphasis/Option______________________
( an emphasis must be listed if it is required for the major)
Department______________________College__________
Catalog Year______________________(necessary for CAPP)
Class Rank: SR JR SO FR
Second Major?☐ Yes ☐ No
Degree:☐ AAS ☐ AS ☐ AA ☐ BS
☐ BA ☐ BFA ☐ BLA ☐ BM
Accepted on: ☐ Warned ☐ Probation ☐ Good Standing
Attempted Hours ______
Accepted by Department_________________________
Printed name and title
_________________________________________________
Signature
Name of Advisor_____________________________
Date______________________________

Minor__________________________
Department______________________College__________
Accepted by_________________________
department signature
date______________________________

Attention departments and colleges: If you want a copy of this form, please make a copy before you send it to the Registrar’s Office.

For Registrar’s Office Use Only:

Processed by________________________Date________________
Residency__________________________

Form may be mailed to Utah State University Registrar’s Office, 1600 Old Main Hill, Logan UT 84322-1600