



## Non-Traditional Change of Academic Program Form

**Full Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Expected Graduation Date:** \_\_\_\_\_

**Term Started at OCU:** \_\_\_\_\_

**Current Payment Period:** \_\_\_\_\_ **Program Start Date:** \_\_\_\_\_  
(Change processed at beginning of new payment period)

**Current Major/Concentration:** \_\_\_\_\_

**Check All That Apply:**

- Change of major(s) and/or concentration(s)
- Addition to previously declared major(s) and/or concentration(s)
- Change of advisor
- Addition of advisor for a second major and/or concentration

**Degree Seeking:**

- Bachelor's Degree  
New Major/Concentration \_\_\_\_\_
- Associate's Degree  
New Major/Concentration \_\_\_\_\_
- Master's Degree  
New Major/Concentration \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*Advisor Use Only*

**Will the student be moving to the current catalog/check sheet?**  Yes  No

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*Administrative Use Only*

**Academic Affairs Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Please return this completed form to the Office of Academic Affairs \* Murray Center Room 206 \* 812-749-1304 \*  
[academicaffairs@oak.edu](mailto:academicaffairs@oak.edu)

Information on this form will be shared with the Business Office and Financial Aid Office for billing and tracking purposes.