



Change of Academic Program Form

Full Name: _____ ID#: _____ Date: _____

Expected Graduation Date: _____

Semester Started at OCU: _____ Program Start Date: _____

Current Major/Minor/Concentration: _____

Check All That Apply:

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

Degree Seeking:

- Bachelor's Degree
New Major/Minor/Concentration _____
- Associate's Degree
New Major/Minor/Concentration _____

Student Signature: _____ Date: _____

Advisor Use Only

Current Advisor Name: _____

Current Advisor Signature: _____

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

Administrative Use Only

If changing/adding advisors:

First Major Advisor Name: _____

Second Major/Minor Advisor Name: _____

Academic Office Staff Signature: _____ Date: _____

*Please return this completed form to the Office of Academic Affairs * Murray Center Room 206 * 812-749-1238 *
academicaffairs@oak.edu*