Clarion University of PA

Undergraduate Change of Status Form

1. Before changing your curriculum, students should consult with an advisor or department chair (**If you are an athlete, please check with DJ Bevevino before changing your major**). Certain colleges have entrance requirements; refer to the college web page www.clarion.edu/academics/colleges-and-schools/index.html

2. Students should complete the change-of-status form and submit the change to the department. Venango students should return the form to Venango Administration, Room 200, Frame Hall. Venango Nursing students should return form to Room 218, Montgomery Hall. WPHSON return to Pittsburgh Nursing Office. **For each departmental change you must submit a separate form.** If you are unsure of where to turn in the form, please check the academic department page at www.clarion.edu/academics/degrees-programs/

3. Students must type directly on this form, print, sign, and submit to the department of the new major or minor. Integrative Studies and Undecided majors refer to the Student Resources page for information on where to turn in the form. www.clarion.edu/academics/academic-support/advising-services-center/index.html

Name: _____ Clarion ID Number: _____

Phone Number: _____ Expected date of graduation: _____

College: ☐ ARTS, EDUC & SCI ☐ BUS ADMIN & INFO SCI ☐ HEALTH SCI & HUMAN SERVICES

Current Major: Degree: _____

Major 1: _____ Concentration: _____ Minor 1: _____

Major 2: _____ Concentration: _____ Minor 2: _____

Indicate by checking the box whether you are requesting to add or drop the changes below:

Add **Drop**

☐ ☐ Major: _____ _____ _____
Name of Major Name of Concentration Degree

☐ ☐ Major: _____ _____ _____
Name of Major Name of Concentration Degree

☐ ☐ Concentration: _____ 2nd Concentration: _____
Name of Concentration Name of Concentration

☐ ☐ Minor: _____ 2nd Minor: _____
Name of Minor Name of Minor

☐ ☐ Certificate: _____
Name of Certificate

Courses taken for certificates must also count in the evaluation of your degree audit to be counted for Federal and State financial aid eligibility. Elective courses will count as long as open elective hours exist.

☐ ☐ Pre-professional program: _____
Name of Pre-professional program

Change campus: ☐ Clarion ☐ Venango ☐ Online ☐ Pittsburgh (Nursing) ☐ Somerset (Nursing)

Change Advisor from: _____ **Change Advisor to:** _____

I certify I have reviewed my degree requirements and consulted with my advisor regarding these changes. I understand that changing my status may impact my graduation date or requirements.

Student Signature: _____ **Date:** _____

Form will not be processed without the student's signature

For office use:

Dept. Signature _____ **Date** _____ **Catalog year** _____ **GPA** _____

Name of Advisor Assigned _____ **Advisor ID Number** _____

After completing this area, please return to the Registrar's Office.