

The College of Saint Rose Office of Academic Advising

Date: _____

I would like to Change/Add/Drop (circle one):

- Major
- Advisor
- Minor
- Concentration
- Certificate

For Office Use:

Date form Received: _____

Updated in Banner: _____

Advisor Assigned: _____

Advisor/Student Emailed: _____

Scanned into Nolij: _____

Student ID#: _____ Student Name: _____

Phone #: _____ Email: _____

Present Major: _____

Present Concentration: _____

Present Minor: _____

Present Certificate: _____

Present Faculty Advisor: _____

New Major: _____

*** If changing your major, a meeting with an Academic Advisor is required. ***

New Concentration: _____

New Minor: _____

New Certificate: _____

New Faculty Advisor: _____

***Need Approval from new advisor by signature or attached email with approval. ***

Financial Aid Representative Signature: _____

*** (Required for students switching to Dual Degree programs) ***

Student Signature: _____

Comments: _____