



Office of the Registrar
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UNDERGRADUATE
CHANGE OF PRIMARY GOAL

All information is required to process the change of goal.

Student Information

Last Name	First Name	Initial		
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Street Address	City	State	County	Postal Code
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(_____) _____

Preferred Contact Phone Number	Student Identification Number
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Student Certification

I affirm that I am changing my primary goal as stated below.

Signature of Student	Date
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Current Goal Information (To be completed by the student's current department chairperson)

The student above has indicated his or her intent to withdraw from my department. I will inform the student's current academic advisor of this decision. The student's current goal is accurately printed below.

Current Primary Goal: _____

Signature of Current Department Chairperson: _____

New Goal Information (To be completed by the chairperson of the department the student is entering)

By my signature, I admit the above mentioned student to my department. The student's new primary goal and advisor are accurately printed below.

New Primary Goal: _____

New Advisor: _____

Signature of New Department Chairperson: _____

Certification of Education Department (To be completed by the chairperson of the Education Department. Required for students entering an education program outside the undergraduate Education Department itself.)

By my signature, I verify that the student above satisfies all requirements for admission to an education program.

Signature of Education Department Chairperson: _____

Office Use Only

Goal Changed: ____/____/____ By: _____ Goal Change Verified: ____/____/____ By: _____