

ACADEMIC PROGRAMS

Application to Change: School, Major and/or Advisor

Please be sure to carefully read the instructions below.

Instructions:

1. You may use this form to change your School, Major, and/or Advisor or any combination of the three options.
2. **Attach a statement** on your interest and goals for the major you are requesting.
3. Complete the Student Section below and bring this form along with your **unofficial transcript** to the department that offers the major you wish to change to. *Petitions will NOT be reviewed without all required documentation.* See below for departmental contact information.
PLEASE NOTE – Individual departments may have additional requirements, deadlines, and/or forms, and submission procedures.
 - The **Allied Health Sciences** (AHS) major has additional requirements, and submission procedure. For specific information on these requirements, students requesting the AHS major must go to: www.alliedhealth.uconn.edu > admissions > allied health sciences major > continuing students. Submission of all petition documentation must be submitted to the AHS department when requesting Departmental Approval.
 - The **Nutritional Sciences** (NUSC) major also has additional requirements that can be found at: www.cag.uconn.edu/nutsci/nutsci > Undergraduate Programs.
4. After obtaining departmental signature, bring this form, your statement, and your unofficial transcript to the CAHNR Office of Academic Programs (Young 206) for Dean's Approval and processing. (See above for Allied Health Sciences submission).
5. You will be informed through university gmail if/when the change has been approved and processed.

Please Note:

- **Regional campus students** are required to fill out the student section of this form. Once completed, please have your regional campus advisor fax this form and other supporting documentation (see #2 and #3 above) to CAHNR Office of Academic Programs at 860-486-4643.
- **Additional Major:** Students applying as second degree or double major applicant must also include a completed additional degree or double major form as part of this petition.
- **Junior/Senior standing:** Students petitioning in their junior or senior year may require an additional semester or year to complete requirements depending on how their prior coursework is applied to the major and availability of required courses.

Departmental Contact Information:

Agricultural & Resource Economics:

W.B. Young Building, Room 302
(860) 486-2836
www.are.uconn.edu
ResourceEconomics@uconn.edu

Allied Health Sciences:

Koons Hall, Room 327A
(860) 486-0015
www.alliedhealth.uconn.edu
alliedhealth@uconn.edu

Environmental Programs:

W.B. Young Building, Room 220
(860) 486-5218
www.environment.uconn.edu
sara.tremblay@uconn.edu

Natural Resources & the Environment:

W.B. Young Building, Room 227
(860) 486-2840
www.nre.uconn.edu
nre@uconn.edu

Plant Science & Landscape

Architecture:

W.B. Young Building, Room 121
(860) 486-3436
www.plantscience.uconn.edu
PSLA@uconn.edu

Nutritional Sciences:

R.E. Jones Building, Room 221
(860) 486-3633
www.cag.uconn.edu/nutsci/nutsci/hedley.freake@uconn.edu

Animal Science:

George White Building, Room 108
(860) 486-2413
www.animalscience.uconn.edu
animalscience@uconn.edu

Pathobiology & Veterinary Science:

Wilbur O. Atwater Lab, Room 112
(860) 486-4000
www.patho.uconn.edu
pathobiology@uconn.edu

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PLEASE PRINT CLEARLY

STUDENT SECTION

Name: _____
(Last) (First) (Middle Initial)

Student ID: _____ Campus: _____ Cell Phone: _____

Email Address: _____@uconn.edu Current Cumulative GPA: _____

Permanent Address: _____
(Street) (City) (State, Zip code)

School and/or Major Change Requested: From (School/Major): _____

To (Major/Concentration): _____

New Advisor Preference (Optional): _____

Have you applied to this major in the past? No ___ Yes ___ If yes, when: _____

Are you an honors student? No ___ Yes ___

Are you applying as a double major? No ___ Yes ___ (if yes, please attach appropriate form)

Signature _____ Date _____

My signature verifies that I have read and understand the directions and information on page one (1) of this application.

DEPARTMENT APPROVAL

School/College: _____ Major: _____ Concentration: _____

Approve: _____ Deny: _____
(Date) (Date) (Signature of designated person in department responsible for approvals)

Assigned Advisor: _____
(Name) (Office Location, Building/Room #) (Phone Number)

Comments _____

NEW DEAN'S APPROVAL

Approval Signature _____ Date _____

Comments _____

Status Change Processed In Student Admin System: _____
(Initials) (Date)

Email sent, Copies sent to Department/Advisor: _____
(Initials) (Date)