



University of Detroit Mercy
Change or Correction of Program or Advisor

Effective Semester and Year: **Fall (10)** ____ **Winter (20)** ____ **Summer (30)** ____ **Year 20** ____

Student ID: T0 Name: _____
Last First Middle Init.

Primary Degree or Certificate:

New?

<input type="checkbox"/>	Major 1: _____	Program:	<input type="text"/>	
<input type="checkbox"/>	Concentration: _____	Code:	<input type="text"/>	(ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Concentration: _____	Code:	<input type="text"/>	(ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Concentration: _____	Code:	<input type="text"/>	(ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Minor 1: _____	Code:	<input type="text"/>	
<input type="checkbox"/>	Minor 2: _____	Code:	<input type="text"/>	
<input type="checkbox"/>	Major 2: _____	Code:	<input type="text"/>	
<input type="checkbox"/>	Concentration: _____	Code:	<input type="text"/>	(ATTACHED TO MAJOR ONLY)

Second Degree or Certificate:

New?

<input type="checkbox"/>	Major 1: _____	Program:	<input type="text"/>	
<input type="checkbox"/>	Concentration: _____	Code:	<input type="text"/>	(ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Concentration: _____	Code:	<input type="text"/>	(ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Concentration: _____	Code:	<input type="text"/>	(ATTACHED TO MAJOR ONLY)
<input type="checkbox"/>	Major 2: _____	Code:	<input type="text"/>	
<input type="checkbox"/>	Concentration: _____		<input type="text"/>	

Student Attributes: **Post-Degree** ____ **Pre-Dental** ____ **Pre-Law** ____ **Honors Program** ____

Pre-Medical ____ **Pre-PA** ____ **Secondary Ed** ____

Old Core Curriculum
 New Core Curriculum

First Degree or Certificate:

Advisor, Major 1 or Certificate: (please print) _____ ID: T0 _____

Advisor, Minor 1: (please print) _____ ID: T0 _____

Advisor, Minor 2: (please print) _____ ID: T0 _____

Advisor, Major 2 or Certificate: (please print) _____ ID: T0 _____

Second Degree or Certificate:

Advisor, Major 1 or Certificate: (please print) _____ ID: T0 _____

Advisor, Major 2 or Certificate: (please print) _____ ID: T0 _____

College/School Approval Signature: _____ **Date:** _____

College/School Approval Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

By signing this form, I agree that it is my responsibility to review the financial implications, time to degree completion, and potential financial aid impact of this change to my program.

Office Use Only
