LENOIR-RHYNE UNIVERSITY

Major/Minor/Advisor Change Form

Must be completed in its entirety

Student ID #: _____ **Date: _____**

Student Name: _____
Last First Middle

*****Signatures of the previous and the new advisors are required, and the signatures of the NEW department chair are required.*****

Previous Major/Minor Information	New Major Information	New Minor Information
Pre Major/Minor:	**New Major:**	**New Minor:**
Advisor:	**Advisor:**	**Advisor**
Department Chair:	**Department Chair:**	**Department Chair:**
Previous Advisorôs Signature:	**New Advisorôs Signature:**	**New Dept. Chairôs Signature:**

STUDENT-ATHLETE? ◉ **YES** ○ **NO**

If yes, what sport(s) do you play? _____

Student Signature _____

Date Major/Advisor Changed: _____ **Email sent to Athletics Compliance Coordinator? _____**