

COLLEGE OF EDUCATION AND HEALTH PROFESSIONS

UNIVERSITY OF ARKANSAS

Change of Undergraduate Program

Name _____ University ID # _____

Last First MI Maiden Name

Date _____ Campus E-mail _____@uark.edu **Student's Name/Signature** _____

Note: A change after the 100% refund date will NOT adjust college fees

CURRENT

Major to be deleted _____ Concentration to be deleted _____ Minor to be deleted _____

◇Please state if HONORS or MINOR in the current school will continue◇

REQUESTED

New Major _____ New Concentration _____ Catalog Year _____ New Minor _____

GLOBAL: FOR ADVISOR/OFFICE USE ONLY

NWACC/ELEL

RN-BSN

CHED OPTIONS: FOR ADVISOR/OFFICE USE ONLY

EASL GT STEM READ

If adding an additional major, concentration or minor:

DOUBLE MAJOR* _____ DOUBLE MINOR _____ DOUBLE CONCENTRATION _____ DOUBLE DEGREE _____

*MUST BE IN SAME COLLEGE, SAME DEGREE PLAN

Additional Pre-Professional program options:

Pre-Dental (PDEN) Pre-Chiropractic (PRCHIR) Pre-Occup. Therapy (PREOTY)

Pre-Dental Hygiene (PDENHY) Pre-Phys. Assist. (PRPA) Pre-Pharmacy (PRPHAR)

Pre-Medical (PMED) Pre-Optometry (PREOPT) Pre-Physical Therapy (PRPHTY)

FOR ADVISOR/OFFICE USE ONLY

NOTES:

Processed by _____ Date Entered _____

ADMIT/CATALOG YEAR

Assigned Advisor _____