Undergraduate Change of Curriculum Request
(Galveston to Galveston major or TAMU College Station to Galveston major)

Students requesting a change of curriculum will be subject to all requirements and enrollment restrictions of the department in which the proposed new major is located.

Name: ___________________________________________ UIN: _______________________
Last First Middle
Local Address: __________________________________________________________

Cell Number: __________________________ Email: _____________________________________

Current Major: __________ Degree: __________ Classification: U1 U2 U3 U4 U5

Semester you are Requesting a Change of Curriculum for: Fall / Spring / Summer 20________

Current Academic Standing: _____ Good Standing _____ On Probation _____ Blocked/Dropped

I hereby request the following change(s) in curriculum. I understand I will be subject to all requirements and enrollment restrictions of the college and/or department in which my proposed new major is located, that my graduation may be delayed as a result of changing to a new curriculum, and I may become ineligible for the $1000 tuition rebate if I have credit hours that cannot be used toward my chosen degree plan.

NEW MAJOR: __________ OPTION (if applicable): _______ DEGREE: __________
Change of Major ______ Add as Second Major _______ Change Degree Type

Student’s Signature: ________________________________________ Date: _________________

Student should deliver in person or mail the original of this form to Enrollment Services, TAMUG, P.O. Box 1675, Galveston, TX 77553-1675.

To be Completed by the Accepting/New Department:

The change of curriculum requested above has been reviewed and approved by authorized representatives of the academic department in which the proposed new major is located. The student will be required to satisfy degree requirements found in Catalog ____________.

The student has been accepted into his/her requested major: _____ In good standing ______
On probation ___________________
Probation terms (if applicable):

Department Head/Advisor __________________________________________ Date: _________________

If applicable:
College Dean/Advisor __________________________________________ Date: _________________

(Upon completion, please return this form to the Enrollment Services Office in the Sea Aggie Center.)