



**Change of Academic Plan**

Student Name: \_\_\_\_\_

PeopleSoft ID: \_\_\_\_\_

Current Academic Plan: \_\_\_\_\_

New Academic Plan: \_\_\_\_\_

Effective Term: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit to the Office of Student Services  
3601 WWPH

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To be completed by the Office of Student Services

Date Recorded: \_\_\_\_\_

Recorded by: \_\_\_\_\_