CHANGE OF MAJOR FORM

College of Agricultural and Life Sciences
School of Forest Resources and Conservation
School of Natural Resources and Environment

Please Print Information

DATE ___________ FIRST NAME ___________ MI ___________ LAST NAME ___________

UFID ___________ @ UFL.EDU ____________________________

UF E-MAIL ADDRESS ___________

CURRENT MAJOR ____________________________ REQUESTED MAJOR ____________________________

SPECIALIZATION (IF REQUIRED) ____________________________

Adviser’s Schedule Recommendation

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Adviser’s Comments/Conditions

ADVISER’S SIGNATURE: ___________________________ DATE: ___________________________

Advisers: Please discuss major options, specializations if applicable, department requirements, career options, etc. Include any required conditions in the space above.

STUDENT’S SIGNATURE: ___________________________ DATE: ___________________________

I have been informed of required courses for this major and agree to any conditions that need to be met for my change of major

CALS SIGNATURE: ___________________________ DATE: ___________ UT: ___________________________

*If you currently have a hold on your records, you will not be able to register until after this form is processed. If you do not have a hold, you may register for appropriate courses for your new major, prior to your major change.