

## FISHER COLLEGE

## OFFICE OF THE REGISTRAR

## **Change of Degree**

Student Name:	ID#:
Email Address:	-
Phone#:	_
Start Date (Fall/ Spring & Year):	
Current Degree: ☐ Associate's Degree ☐ Bac	calaureate Degree  Certificate
Current Major:	
New Degree: ☐ Associate's Degree ☐ Bac	ccalaureate Degree  Certificate
Intended Major:	
Current Academic Advisor:	New Academic Advisor:
<ul> <li>Completed a minimum of 15 college-le</li> <li>Achieved a minimum GPA of 2.0</li> <li>Successful completion of EN101 with a</li> <li>Biology will have program specific crite</li> <li>* Achieved a minimum GPA of 2.1</li> <li>* Successful completion of EN101 with a</li> </ul>	a grade of C- or higher reria:
Student's Signature:	Date
Academic Advisor:(Required for GPS undergraduate students only)	Date
Dean of International Academic Operations: (International Students Only)	Date
Processed by Registrar:	Date