

# UNDERGRADATE ACADEMIC PROGRAM OSU OFFICE OF THE REGISTRAR

NAME \_\_\_\_\_ OSU ID \_\_\_\_\_  
           Last                                      First                                      MI

E-Mail Address \_\_\_\_\_

Students: Fill in information you intend to update, add or delete in your declared academic program. Utilize the note section to indicate any special instructions.

<b>STUDENT SECTION Current Information</b>	<b>ADVISOR SECTION New Information</b>
College 1: _____	College 1: _____ Code _____
College 2*: _____ *Optional	College 2*: _____ Code _____ *Optional
Major 1: _____	Major 1: _____ Code _____
Major 2: _____	Major 2: _____ Code _____
Option 1: _____	Option 1: _____ Code _____
Option 2: _____	Option 2: _____ Code _____
Minor 1: _____	Minor 1**: _____ Code _____
Minor 2: _____	Minor 2**: _____ Code _____ ** requires Minor College signature
Degree: <input type="checkbox"/> BS <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> Honors Campus location: <input type="checkbox"/> Corvallis <input type="checkbox"/> Other	Degree: <input type="checkbox"/> BS <input type="checkbox"/> BA <input type="checkbox"/> BFA <input type="checkbox"/> Honors Campus location: <input type="checkbox"/> Corvallis <input type="checkbox"/> Other
Notes: _____ _____ _____	Notes: _____ _____ _____

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

Adviser/Dean's Signature\* \_\_\_\_\_ Date \_\_\_\_\_

**Complete and return to Registrar's windows, B102 Kerr**

### Mailing/Transmittal Slip for College Transfers

To the Dean, College of \_\_\_\_\_ Date \_\_\_\_\_

**Please forward the file of the following student to college listed below:**

NAME \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
           Last                                      First                                      MI

New College/Location \_\_\_\_\_ New Major Code \_\_\_\_\_