CHANG	E OF MAJOR/ADVISOR FORM
Name:	Student ID:
Current Major:	
Add/Change Major (please circle one) 1:	Minor(s): (Circle)
Concentration:	
Add/Change Major (please circle one) 2:	Minor(s):(Circle)
Concentration:	
Current Advisor:	New Advisor:
Student's Signature:	Date:
*This form must be submitted to the Acaby fax at 580.349. 1371 or in person in Se	demic Records Office by email at <u>academicrecords@opsu.edu</u> , well-Loofbourow 128.
	Office Use Only
	First Catalog Term: Processed by:

Date:____