



Please print the following information.

- Student ID Number: _____

- Last Name: _____ First Name: _____ Middle Initial: _____

Check all that apply.

<input type="checkbox"/> Change of Program	From _____ (Program)	To _____ / _____ (Program) (Degree)
<input type="checkbox"/> Change of Major	From _____ (Major)	To _____ (Major)
<input type="checkbox"/> Change of Minor	From _____ (Minor)	To _____ (Minor)
<input type="checkbox"/> Change of Second Major	From _____ (Major)	To _____ (Major)
<input type="checkbox"/> Change of Second Minor	From _____ (Minor)	To _____ (Minor)
<input type="checkbox"/> Change of Catalog Year	From _____ (Catalog year)	To _____ (Catalog Year)

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____

The Robert B. Miller College is in compliance with State and Federal laws prohibiting discrimination on the basis of race, religion, gender, age, height, weight, national origin, marital status, sexual orientation, or disability. The College is committed to providing equal access to all programs, services and activities to persons with disabilities. This includes compliance with The Americans with Disabilities Act (ADA). Questions should be directed to the Director of Administrative Services, The Robert B. Miller College, 450 North Avenue, Battle Creek, MI 49017-3397, (269) 660-8021.

As circumstances, laws, and regulations change, the College may find it necessary to make changes to this document. For a report of campus crime statistics, please visit <http://ope.ed.gov/security>.

Recorded

DATE: _____

INITIALS: _____