

Name: _____ ERAU Email address: _____ <small style="display: inline-block; width: 150px; text-align: center;">Last</small> <small style="display: inline-block; width: 150px; text-align: center;">First</small> <small style="display: inline-block; width: 100px; text-align: center;">MI</small>	
Student ID #: _____ Student Signature: _____ Date: _____	
Have you applied for graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what term? _____	
Program	<p>Please change my PROGRAM</p> <p>From: _____ To: _____ CURRENT CATALOG</p> <p>Additional AS or BS Degree: _____ <small>(Two undergraduate degrees of the same rank)</small></p> <p>Second Major: _____ <small>(All requirements must be met concurrently)</small></p> <p>Old Advisor: _____ New Advisor: _____</p> <p>Signature Losing Program Coordinator: _____ Date: _____ <small>(If changing)</small></p> <p>Additional Program Coordinator: _____ Date: _____ <small>(If adding)</small></p> <p>Signature Gaining Program Coordinator: _____ Date: _____ <small>(If changing)</small></p>
Catalog	<p>Please change my CATALOG to the current CATALOG year:</p> <p>Signature Advisor/Program Coordinator: _____ Date: _____</p>