

**REQUEST FOR CHANGE IN GENERAL EDUCATION PROGRAM**

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Local Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student ID # \_\_\_\_\_ HuskyNet E-mail address \_\_\_\_\_ @stcloudstate.edu

Major(s) \_\_\_\_\_ Minor \_\_\_\_\_ Graduation Term/Year \_\_\_\_\_

Submit this fully completed form with a current MAJOR APPLICATION FORM or GENERAL WORKSHEET, and recent PRELIMINARY GRADUATION EVALUATION FORM to the Office for Academic Affairs, AS-209. Results of your petition will be mailed to the address listed above. Because decisions made on this request are final and not appealable, your request should be clearly stated and include any information relevant to this petition. In some cases, additional information may be requested. **Incomplete forms will not be considered.**

Requested Change: (Be specific and give reasons for request. An additional page may be attached if needed.)

\_\_\_\_\_  
(Student's Printed Name) (Student's Signature) (Date)

Adviser's Recommendation: (Required)

\_\_\_\_\_  
(Adviser's Printed Name) (Adviser's Signature) (Date)

Action Taken:

\_\_\_\_\_  
(Academic Affairs Signature) (Date)

Recorded on General Worksheet: Student Notified:

6/06 (Signature) (Date) (Signature) (Date)