



Haskell Indian Nations University

Change of Major and Advisor Request Form

Office of the Haskell Indian Nations University Registrar Office, Sequoyah Hall, Room #129

(Clearly Print or Type)

Date: _____

Student Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Haskell Student ID: _____

Requesting Change of Major *(If not applicable skip to "Requesting Change of Advisor" section)*

Major TO which student is transferring _____ Degree _____

Department/Advisor Concurrence _____ Date _____

Major FROM which student is transferring _____ Degree _____

Department/Advisor Concurrence _____ Date _____

Classification (Check one)

- | | | | |
|-------------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/> Freshman 1 | <input type="checkbox"/> freshman 2 (0-29) | <input type="checkbox"/> sophomore1 | <input type="checkbox"/> sophomore2 (30-60) |
| <input type="checkbox"/> Junior 1 | <input type="checkbox"/> junior 2 (61-90) | <input type="checkbox"/> senior 1 | <input type="checkbox"/> senior 2 (91-120) |

Credits earned _____ Cumulative GPA _____

Reason(s) for wanting to change major:

Requesting Change of Advisor

Advisor TO which student is transferring _____

Advisor Approval _____ Date _____

Advisor FROM which student is transferring _____

Advisor Approval _____ Date _____

Reason(s) for wanting to change major:

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Upon Completion submit form to the Registrar's office, 129 Sequoyah Hall