PLEASE FILL OUT THE SECTION BELOW:

Change of Major:
Change Major Information: approvals will be obtained by Advisory staff

Current Major: ___________________ New Major: ________________________

Student Signature: ___________________________ Date: __________

Approval from current department chair: ___________________ Date: __________

Approval from new department chair: ______________________ Date: __________

All changes are subject to verification and approval. Please submit the completed form to your advisor. Please be sure to include all necessary information on the form. Keep a copy of this form and email for your records. Your authorization is acknowledged through electronic submission. Policy and procedure information is available at http://degree.lamar.edu.
Today’s Date: ______________________

Student Information: Name: ___________________________ Student ID: ________________

Current Major: ___________________________ Semester: ___________________________

FILL OUT SECTION WHICH BEST FITS YOUR NEEDS

Drop/Withdrawal Information:
Are you dropping? Which course? If more than one, list all.
Subject and number of course (Ex. ENGL 1300): ________________
Subject and number of course (Ex. ENGL 1300): ________________
Subject and number of course (Ex. ENGL 1300): ________________
Subject and number of course (Ex. ENGL 1300): ________________

Withdrawal Information:
Are you withdrawing from Lamar University? Yes____  No_____

Date of withdraw: ___________________________
Today’s Date: ______________________

Please fill out the information below:

**Student Information:**

Student ID: ________________________________

Current Name: ________________________________

Current Address: ____________________________ Apt #: __________________

City: ____________________ State: ______________ Zip: __________________

**Student Information Change:**

_Name:_ Name changes will not be processed unless a copy of one of the following: a) Social Security Card, b) Passport, c) Marriage License, d) Divorce Decree, or e) Other Legal Document, is either faxed or emailed directly to the records department.

_Address Change:_ Address changes will not be processed unless a copy of the driver’s license is either faxed or emailed directly to the records department.

Fax: 409-880-7429 Email (Undergraduate): luapugrecords@lamar.edu

Email (Graduate): luapgrrecords@lamar.edu

New Name: _______________________________________________________________________

Address: _______________________________________________________________________ Apt #: __________________

City: ____________________ State: ______________ Zip: __________________