



Undergraduate Degree Programs Student Status Change Form

Date: _____

Student Information: Name: _____ Student ID: _____

Current Major: _____

FILL OUT SECTION WHICH BEST FITS YOUR NEEDS

Drop/Withdrawal/Start Date Changes Information:

Are you dropping? Which course? If more than one, list all. Drop Information: Ex. EDLD 5302

Prefix and number of course: _____ Prefix and number of course: _____

Withdrawal Information:

Are you withdrawing from Lamar University? Yes _____ No _____

Date of withdraw from program and university: _____

Start Date Change: Original start date: _____ Date you want to start: _____

Change of Major:

Change Major Information: approvals will be obtained by Advisory staff

Current Major: _____ New Major: _____

Approval from current major department chair: _____ date: _____

Approval from new department chair: _____ date: _____

Student Information Change:

New Information:

Name: NAME CHANGES WILL NOT BE PROCESSED UNLESS A COPY OF THE NEW SOCIAL SECURITY CARD IS EITHER FAXED OR EMAILED DIRECTLY TO THE RECORDS DEPARTMENT.

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

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Email Address: _____