

Undergraduate Degree Programs Student Status Change Form

Student Information: Name:	Student ID:	
Current Major:		
FILL OUT SECTION WHICH BEST FITS YOUR NEEDS		
Drop/Withdrawal/Start Date Changes Inform	 ation:	
Drop Information: Name and number of course:	Change start date:	
Withdrawal Information: Date of withdraw from program:		
Change of Major: Major Information:		
Current Major: New Major:		
Approval from current major department chair: Approval from new department chair:		
Current Catalog Year: New	Catalog Year:	
Approval from advisor:	· · · · · · · · · · · · · · · · · · ·	
Student Information Change: New Information: Name: NAME CHANGES WILL NOT BE PROCESSED UNLE IS EITHER FAXED OR EMAILED DIRECTLY TO THE RECORT Fax: 409-880-7429 * Email: lu Address:	ESS A COPY OF THE NEW SOCIAL SECURITY CARDS DEPARTMENT. Japugrecords@lamar.edu	
City:State:		
Phone Number: Cell Number:	:	

All changes are subject to verification and approval. Submit form to luapugrecords@lamar.edu. 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.

NW 3-14-16