



Major & Catalog Change Request

Office of the Registrar

This form is to be completed by students who desire to change their major or catalog. This form must be completed and submitted to the Registrar's Office for approval before changes will take effect.

Student Information

Name: _____ Phone #: _____

Do you receive Veteran's Benefits? Yes No Did you transfer into LPU? Yes No

Do you hold an F-1 Foreign Student Visa? Yes No Are you graduating this academic year? Yes No

Major Change

Current Major(s):

New Major(s):

Associate of Arts Degrees

- A.A. Undeclared
- A.A. Biblical Studies
- A.A. General Studies

Bachelor of Arts Degrees (if double majoring, select both)

- B.A. Undeclared
- B.A. Biblical Studies
- B.A. Business Administration
- B.A. Communication
- B.A. Human Development & Psychology
- B.A. Transformational Ministry
- B.A. Worship Arts & Media

Associate of Arts Degrees

- A.A. Undeclared
- A.A. Biblical Studies
- A.A. General Studies

Bachelor of Arts Degrees (if double majoring, select both)

- B.A. Undeclared
- B.A. Biblical Studies
- B.A. Business Administration
- B.A. Communication
- B.A. Human Development & Psychology
- B.A. Transformational Ministry
- B.A. Worship Arts & Media*

*B.A. Worship Arts & Media requires additional application and audition process; approval for program change is based upon acceptance into program.

Catalog Change

Students may only move forward in catalogs. Students desiring to move back to a prior catalog must submit an appeal.

I wish to move from the _____ academic catalog to the _____ academic catalog.
(academic year, i.e. 2018-19) (academic year, i.e. 2019-20)

Signature

I understand that by submitting this form I am requesting that the above indicated program or catalog be updated on my student record. I further understand that this may change my academic requirements and that it is my responsibility to understand the requirements for my new program and/or catalog. I also understand that my request to change programs may result in a catalog change which I will be informed of when my request is reviewed. I understand that if I am choosing to update my catalog I will not be able to return to a previous catalog in the future.

Signature: _____ Date: _____

Registrar's Office Use Only

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|---|---|--|
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ | <input type="checkbox"/> Advisor Assigned _____ | <input type="checkbox"/> Transcript Evaluator Notified _____ |
| <input type="checkbox"/> Student Notified _____ | <input type="checkbox"/> Empower Entry _____ | <input type="checkbox"/> Degree Audit Updated (DA/R42) _____ |