

SUNY ONEONTA CHANGE OF MAJOR/CONCENTRATION/ADVISOR

Academic Advisement Center
100 Netzer Administration Building
SUNY Oneonta

Phone: (607) 436-3390
Fax: (607) 436-3392
Email: academic.advisement@oneonta.edu

NAME _____

DATE _____

A # _____

SIGNATURE _____

Signature indicates authorization of change of curriculum as outlined below.

Current Cumulative GPA: _____

Class Standing based on Completed Credits: (Check one)

Freshman (0-24s.h.) Sophomore (25-56 s.h.) Junior (57-89 s.h.) Senior (90 or more s.h.)

DROP PRIMARY MAJOR/MINOR/CONC/ADVISOR

Major/Minor _____

Concentration _____
(if applicable)

Advisor _____

Date _____

ADD PRIMARY MAJOR/MINOR/CONC/ADVISOR

Major/Minor _____

Concentration _____
(if applicable)

Term of Requirements Matric Year Current Year
--- completed by Academic Advisement ---

Assigned Advisor _____

Date _____

DROP DUAL MAJOR/CONC/ADVISOR

Major _____

Concentration _____
(if applicable)

Advisor _____

Date _____

ADD DUAL MAJOR/CONC/ADVISOR

Major _____

Concentration _____
(if applicable)

Term of Requirements Matric Year Current Year
--- completed by Academic Advisement ---

Assigned Advisor _____

Date _____

**For office use,
completed by:**

Students with a prior felony conviction are advised that their criminal history may impede their ability to complete the requirements of certain academic programs and/or meet licensure requirements for certain professions. Students who have concerns about such matters are advised to contact the Associate Provost's Office.

Date: I have read the above statement. _____ (please sign)