Petition to Change Options

Student Name: ________________________________    UID: ________________

Date: ________________    Email: ________________________________

Year of Study: ________________    Phone: ________________________________

Current Option: ________________________________

New Option: ________________________________

Requested New Adviser: ________________________________

(May be left blank. The Option Representative will assign one.)

State your reason for requesting a change of option in the space below:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

New Option Approval:

Approved by: ________________________________    Date: ________________

Option Representative

Assigned Adviser: ________________________________

Return approved petition to the Office of the Registrar