The College of Saint Rose Office of Academic Advising

Date: __________________________

I would like to Change/Add/Drop (circle one):

☐ Major
☐ Advisor
☐ Minor
☐ Concentration
☐ Certificate

Student ID#: ___________________      Student Name: ________________________________

Phone #: ________________________ Email: ____________________________________________

Present Major: ____________________________________________________________

Present Concentration: ________________________________________________________

Present Minor: _____________________________________________________________

Present Certificate: __________________________________________________________

Present Faculty Advisor: ____________________________________________________

New Major: _________________________________________________________________

** If changing your major, a meeting with an Academic Advisor is required. **

New Concentration: __________________________________________________________

New Minor: _________________________________________________________________

New Certificate: _____________________________________________________________

New Faculty Advisor: __________________________________________________________

**Need Approval from new advisor by signature or attached email with approval. **

Financial Aid Representative Signature: __________________________________________

**(Required for students switching to Dual Degree programs)**

Student Signature: ____________________________________________________________

Comments: _________________________________________________________________