



UNIVERSITY OF MINNESOTA
ROCHESTER
 Driven to DiscoverSM

RETURN FORM:
 One Stop Student Services
 111 S. Broadway, Suite 300
 Rochester, MN 55904
QUESTIONS?
 Phone: (507) 258-8069
 Email: umr1stop@r.umn.edu

CHANGE OF MAJOR FORM

Student Name: _____

Student ID Number: _____

Email/x.500: _____

You're Current Major:

The Major you would like to change to:

Which semester would you like this change to take effect? __ Fall __ Spring 20__

Student Signature: _____

Student Success Coach Signature: _____

Please return this form to One Stop Student Services

***DISCLAIMER: If you change your major from BS Health Sciences to BS Health Professions and at any point decide to change your major back to BS Health Sciences again, you will be placed in the current academic catalog. Be aware that the requirements for your Major and/or Sub-Plan may change as a result of changing catalogs. You will be required to meet the requirements set forth by the current academic catalog.**