



Major Change Request

Please complete, sign and return this page immediately if you wish to change your program or plan. Your eligibility to change your program or plan is dependent upon program criteria and space availability. This form is only to be used by freshmen and transfer students who have NOT YET REGISTERED.

Name (**PLEASE PRINT**): _____ Address: _____

UWM Campus ID #: _____ City/State/Zip: _____

Signature: _____ Date: _____

CHANGE my program/plan.

Please change my program to _____, **if I am eligible.**

NOTE:

If you have already registered for classes, your program/plan change must be made through the academic advisor's or the academic dean's office of the school or college in which you wish to enroll.

To change your program/plan, fill out the form above and send to:

OFFICE OF UNDERGRADUATE ADMISSIONS
UNIVERSITY OF WISCONSIN-MILWAUKEE
PO BOX 749
MILWAUKEE, WI 53201-0749

Or fax to: 414/229-3788

FOR OFFICE USE ONLY

Eligible to change program?

Yes No

Staff Initials: _____ Date: _____