



## Change of Major Form

Today's Date: \_\_\_\_\_

**Student Information:** Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

### PLEASE FILL OUT THE SECTION BELOW:

#### Change of Major:

Change Major Information: approvals will be obtained by Advisory staff

Current Major: \_\_\_\_\_ New Major: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval from current department chair: \_\_\_\_\_ Date: \_\_\_\_\_

Approval from new department chair: \_\_\_\_\_ Date: \_\_\_\_\_

All changes are subject to verification and approval. Please submit the completed form to your advisor. Please be sure to include all necessary information on the form. Keep a copy of this form and email for your records. Your authorization is acknowledged through electronic submission. Policy and procedure information is available at <http://degree.lamar.edu>.



ONLINE PROGRAMS  
**LAMAR UNIVERSITY**

## Course Drop Form

Today's Date: \_\_\_\_\_

**Student Information:** Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Current Major: \_\_\_\_\_ Semester: \_\_\_\_\_

### FILL OUT SECTION WHICH BEST FITS YOUR NEEDS

**Drop/Withdrawal Information:**

Are you dropping? Which course? If more than one, list all.

Subject and number of course (Ex. ENGL 1300) : \_\_\_\_\_

Subject and number of course (Ex. ENGL 1300) : \_\_\_\_\_

Subject and number of course (Ex. ENGL 1300): \_\_\_\_\_

Subject and number of course (Ex. ENGL 1300): \_\_\_\_\_

**Withdrawal Information:**

Are you withdrawing from Lamar University? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of withdraw: \_\_\_\_\_

All changes are subject to verification and approval. Submit form to your advisor or [luapugrecords@lamar.edu](mailto:luapugrecords@lamar.edu) (if you are an undergraduate student) or [luapgrrecords@lamar.edu](mailto:luapgrrecords@lamar.edu) (if you are a graduate student). Please be sure to include all necessary information on the form. Keep a copy of this form and email for your records. Your authorization is acknowledged through electronic submission. Policy and procedure information is available at <http://degree.lamar.edu>.



## Change of Name/Address Form

Today's Date: \_\_\_\_\_

**Student Information:** Student ID: \_\_\_\_\_

Current Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please fill out the information below:**

**Student Information Change:**

**Name:** Name changes will not be processed unless a copy of one of the following: a) Social Security Card, b) Passport, c) Marriage License, d) Divorce Decree, or e) Other Legal Document, is either faxed or emailed directly to the records department.

**Address Change:** Address changes will not be processed unless a copy of the driver's license is either faxed or emailed directly to the records department.

Fax: 409-880-7429

Email (Undergraduate): [luapugrecords@lamar.edu](mailto:luapugrecords@lamar.edu)

Email (Graduate): [luapgrrecords@lamar.edu](mailto:luapgrrecords@lamar.edu)

New Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_