

Please return completed form to the Office of the Registrar for processing at <u>registrar@uni.edu</u> or GIL 115.

| each Major is required. If you are changing to an Exploratory Major, please visit the Office of Academic Advising. UNI Foundational Inquiry (UNIFI) Students admitted prior to Summer 2022 are eligible to change from LAC to UNIFI. If you wish to change to UNIFI, please mark below. UNI Foundational Inquiry (UNIFI) UNI Foundational Inquiry (UNIFI) I would like to change FROM the Liberal Arts Core TO the UNI Foundational Inquiry (UNIFI). I have spoken with my academic advisor before making this change to UNIFI. Advisor Approval Major Advisor 1 PRINTED: Major Advisor 1 SIGNATURE: Major Advisor 2 PRINTED: Major Advisor 2 SIGNATURE: Authorization Student Signature: Date: Office/Department Use: Term: Plan Code: | Student Information | | | | | | | | |
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| CURRENT Program Information Keep Drop Pre-Major Minor Certificate Pre-Prof Teach Non-Teach Image: Im | Name: | Student ID Number: | | | | | | | |
| Keep Drop Pre-Major Major Minor Certificate Pre-Prof Teach Non-Teach Image: I | Email Address: | Phone: | | | | | | | |
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| | NEW Program Information | | | | | | | | |
| I have spoken with my academic advisor before making this change to UNIFI. Advisor Approval Major Advisor 1 PRINTED: Major Advisor 2 PRINTED: Major Advisor 2 SIGNATURE: Authorization Student Signature: Diffice/Department Use: Term: Plan Code: Plan Code: Plan Code: Plan Code: | For <u>addinq</u> a major, your Major advisor's signature is re each Major is required. If you are changing to an Explore UNI Foundational Inquiry (UNIFI) Students admitted prior to Summer 2022 are eligible to | equired. If yo atory Major, p | Du are dec blease visi | laring an t the Offic | additional mere of Academ | ajor, the a | dvisor's s | signature for | |
| Major Advisor 1 PRINTED: Major Advisor 1 SIGNATURE: Major Advisor 2 PRINTED: Major Advisor 2 SIGNATURE: Authorization Date: Student Signature: Date: Office/Department Use: Plan Code: Plan Code: | | | | | uiry (UNIFI). | | | | |
| Major Advisor 2 PRINTED: | Advisor Approval | | | | | | | | |
| Authorization Student Signature: | Major Advisor 1 PRINTED: | Major Advisor 1 SIGNATURE: | | | | | | | |
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| Term: Plan Code: Plan Code: Plan Code: Plan Code: | Student Signature: | | | | Date: | | | | |
| University of Northern Iowa Office of the Registrar 115 Gilchrist Hall Cedar Falls, Iowa 50614-0006 | Term: Plan Code: | | | | | | | | |

Phone: 319-273-2241 FAX: 319-273-6792 Email: registrar@uni.edu registrar.uni.edu

Chapter 22 Code of lowa: The purpose of this form is to process your declaration of curriculum. Only "directory information" may be released to third parties.