Florida International University -- Office of the Registrar Academic Program/Plan Declaration or Change Form

Student Section (to be competed by the student)

Student Name:						Panther ID:					
FIU email addres	S:										
Requested Major:R						equested 2 nd Major:					
Requested Minor:						Requested Track (Sub-Plan):					
Student Signature:						Date:					
College or School Section (to be completed by the advisor, department chair, and /or dean):											
Current Major:							Program:				
2nd Major:							Program:				
Minor:							Program:				
Track:							Program:				
1. Student Completed CLAST : YES No 2. Students Cumulative GPA : 3. Students total earned Credits : Student is approved for the following program(s)/plan(s):											
Major:							Program:				
2 nd Major:							Program:				
Minor:							Program:				
Track:							Program:				
←(Check here) Approved, Submit Directly -OR-							Check here) A	**		•	prover
Name:ID:					Name	· 		ID:			
						Appro	ver Signature:	· -			
Fax: 305-348-2941						One Stop Enrollment Center, Biscayne Bay Campus Academic One, Room 100; Fax: 305-919-5403					
Central Processing (for registration office staff use only): Received by (Name):						ID: Dat		Date	e Received:		
Completed by (Name): Date completed: Date completed: Confirmation message sent to student Yes. (Signature):											