

ACADEMIC PROGRAMS

Application to Change: School, Major and/or Advisor
Please be sure to carefully read the instructions below.

INSTRUCTIONS:

1. Complete the Student Section of the application and **email or print** this form along with an **unofficial transcript** and a **paragraph statement of interest and goals for the major you are requesting** to the department offering the major you wish to change to. *Petitions will NOT be reviewed without all required documentation.* **See below for departmental contact information.**
2. After obtaining departmental signature, **email or print** the application form, and supporting documentation mentioned above to the CAHNRAcademics@uconn.edu for Dean's Approval and processing. (See below for Allied Health Sciences and Nutritional Sciences submission.)
3. **Regional campus students**, please have your regional campus advisor email your application and other supporting documentation to CAHNRAcademics@uconn.edu. (See below for Allied Health Sciences, Exercise Science and Nutritional Sciences submission.)
4. You will be informed through university gmail if/when the change has been approved and processed.

PLEASE NOTE:

- The **Allied Health Sciences** (AHS) major has additional requirements, and specific submission procedure. All Storrs and Regional Campus students requesting the AHS major must go to: www.alliedhealth.uconn.edu > academics > undergraduate majors > AHS major admissions > I'm a continuing UConn student and would like to declare an Allied Health Sciences major. All application materials must be submitted using the new online application. Questions may be emailed to alliedhealthadmissions@uconn.edu. The AHS department forwards accepted student applications to the CAHNR Office of Academic Programs for Dean's approval and processing.
- The **Nutritional Sciences** (NUSC) major also has additional requirements that can be found at: <https://nusc.uconn.edu/undergraduate-programs-overview/>.
- **Junior/Senior standing:** Students petitioning in their junior or senior year may require an additional semester or year to complete requirements depending on how their prior coursework is applied to the major and availability of required courses.
- **Additional Major:** Students applying as second degree or double major applicant must also include a completed additional degree or double major form as part of this petition.

Departmental Contact Information

Agricultural & Resource Economics

W.B. Young Building, Room 302
(860) 486-2836
www.are.uconn.edu
ARE@uconn.edu

Allied Health Sciences

Koons Hall, Room 327A
(860) 486-0015
www.alliedhealth.uconn.edu
alliedhealth@uconn.edu

Environmental Programs

W.B. Young Building, Room 220
(860) 486-5218
www.environment.uconn.edu
sara.tremblay@uconn.edu

Natural Resources & the Environment

W.B. Young Building, Room 227
(860) 486-2840
www.nre.uconn.edu
nre@uconn.edu

Plant Science & Landscape Architecture

W.B. Young Building, Room 121
(860) 486-3436
www.plantscience.uconn.edu
PSLA@uconn.edu

Nutritional Sciences

R.E. Jones Building, Room 221
(860) 486-3633
www.cag.uconn.edu/nutsci/nutsci/
Rhonda.Brownbill@uconn.edu

Animal Science

George White Building, Room 108
(860) 486-2413
www.animalscience.uconn.edu
animalscience@uconn.edu

Pathobiology & Veterinary Science

Wilbur O. Atwater Lab, Room 112
(860) 486-4000
www.patho.uconn.edu
Christine.Ware@uconn.edu

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PLEASE PRINT CLEARLY

STUDENT SECTION

Name: _____
(Last) (First) (Middle Initial)

Student ID: _____ Campus: _____ Cell Phone: _____

Email Address: _____@uconn.edu Current Cumulative GPA: _____

Permanent Address: _____
(Street) (City) (State, Zip code)

School and/or Major Change Requested: From (School/Major): _____

To (Major/Concentration): _____

New Advisor Preference (Optional): _____

Have you applied to this major in the past? No ___ Yes ___ If yes, when: _____

Are you an honors student? No ___ Yes ___

Are you applying as a double major? No ___ Yes ___ (if yes, please attach appropriate form)

Signature _____ Date _____

My signature verifies that I have read and understand the directions and information on page one (1) of this application.

DEPARTMENT APPROVAL

School/College: _____ Major: _____ Concentration: _____

Approve: _____ Deny: _____
(Date) (Date) (Signature of designated person in department responsible for approvals)

Assigned Advisor: _____
(Name) (Office Location, Building/Room #) (Phone Number)

Comments _____

NEW DEAN'S APPROVAL

Approval Signature _____ Date _____

Comments _____

Status Change Processed In Student Admin System: _____
(Initials) (Date)

Email sent, copy to Department/Advisor: _____
(Initials) (Date)