

Departments should only use this form in situations where students are unable to make changes via Athena. Please provide all pertinent data needed to process the request. Submission of this form by an advisor or department official serves as an acknowledgment that the student has been made aware of the requested changes found below. Completed forms can be sent from a **UGA email address** to **regsupp@uga.edu**.

UGA ID Number:	Student Name:	
Has the Student Applied to Graduate?	Yes	Νο
Change Existing Degree/Cert./Major/I	Minor/Area of Emphasis	
Effective Term (Required):		Major Bulletin Term (Optional*):
Replace the Current (Select All That Apply):	* The new effective term provide	ed will be used as the bulletin term unless otherwise specified.
With the New (Select All That Apply):		Major Department
		Major Department
New Additional Degree/Cert./Major/N	Minor/Area of Emphasis	
Effective Term (Required):		Major Bulletin Term (Optional*):
New Addition (Select All That Apply):	* The new effective term provide	rd will be used as the bulletin term unless otherwise specified.
		Major Department
Inactivate Degree/Cert./Major/Minor/	/Area of Emphasis	
Effective Term(Required):		
Inactivate (Select All That Apply):		
		Major Department
Please provide a description of the desired ch	anges (optional):	
Name of Advisor or Dept. Official: -Please sign the above line if sending thr	ough campus mail.	Date:
Office Use Only:		
System Update By:		