



Academic Partnerships

Undergraduate Degree Programs Student Status Change Form

Date: _____

Student Information: Name: _____ Student ID: _____
Current Major: _____

FILL OUT SECTION WHICH BEST FITS YOUR NEEDS

Drop/Withdrawal/Start Date Changes Information:

Drop Information:

Name and number of course: _____ Change start date: _____

Withdrawal Information:

Date of withdraw from program: _____

Change of Major:

Major Information:

Current Major: _____ New Major: _____

Approval from current major department chair: _____ date: _____

Approval from new department chair: _____ date: _____

Change of Catalog Year:

Current Catalog Year: _____ New Catalog Year: _____

Approval from advisor: _____ date: _____

Student Information Change:

New Information:

Name: NAME CHANGES WILL NOT BE PROCESSED UNLESS A COPY OF THE NEW SOCIAL SECURITY CARD IS EITHER FAXED OR EMAILED DIRECTLY TO THE RECORDS DEPARTMENT.

Fax: 409-880-7429 * Email: luapugrecords@lamar.edu

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____

Email Address: _____