

**PCSB ACADEMIC  
PROGRAM ADJUSTMENT FORM**

Name \_\_\_\_\_

Class

ID

Email \_\_\_\_\_

Current Program of Study	Majors				Retain	Delete	Chair/Director Signature and Date	
	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____ / _____	
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____ / _____	
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____ / _____	
	Minors							
	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____ / _____	
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____ / _____		
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____ / _____		
Additions				Major	Minor	Chair/Director Signature and Date		Advisor Name
	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____ / _____		_____
	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____ / _____		_____
	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____ / _____		_____

Student Statement of Agreement: I have reviewed and understand the obligations of the above program(s) of study and assume responsibility for the completion of the degree requirements.

Student Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

Please return **completed** form to: PCSB UG Program Office, Ryan 135

**Please Note:** The change of major/minor is not official until this form is processed by the PCSB UG Program office.