THE OHIO STATE UNIVERSITY
COLLEGE OF ARTS AND SCIENCES

CHANGES IN MAJOR PROGRAM REQUIREMENTS

Student Name:_____ Student ID#:_____

OSU Name.#:_____

First Major:_____ Second Major:_____

Degree: ❑ BFA ❑ BSD ❑ BAE ❑ BME ❑ BM ❑ BA

Have you filed an application for graduation? ❑ NO ❑ YES If YES: Term _____ Year: 20____

❑ I would like to SUBSTITUTE **OR** ❑ I would like to WAIVE

Course to Replace			**Substitute with**			**Course/Requirement Waive**	
Course (Ex. Art 2555)	Term (Au13)	Hours	Course	Term	Hours	Course	Hours
1.			1.			1.	
2.			2.			2.	
3.			3.			3.	
4.			4.			4.	
5.			5.			5.	
6.			6.			6.	

DEPARTMENT MAJOR COORDINATOR / FACULTY

Printed Name Email Phone

Signature Date

Comments:

RETURN THIS FORM TO YOUR DEPARTMENT ADVISOR

ASC ADVISOR

Printed Name Email

Signature Date

DARS PROCESSING

Name.# Date