CHANGE OF MAJOR FORM

Name _____ **Sport** _____

Email/Cell _____ **UID#** _____ **Major/College** _____

TO BE COMPLETED BY THE STUDENT-ATHLETE

CHANGE OF MAJOR STATUS:

Semester	**Current Major/College**
Semester	**Proposed Major/College**

Prior to making any changes to my current academic major, I understand that a thorough review of my University of Maryland, Big Ten Conference, and NCAA eligibility status must be performed and that approval must be granted from my Athletic Academic Counselor, Head Coach, and Associate AD/ASCDU.

_____

Student-Athlete Signature Athletic Academic Counselor Signature Associate AD/ASCDU Signature

_____

Head Coach Signature Date

TO BE COMPLETED BY THE ATHLETIC ACADEMIC COUNSELOR

_____ **Confirmation of Course Applicability/Unofficial Degree Review from Proposed Major/College** (attach unofficial degree review outlining course applicability/DP%)

_____ **NCAA Eligibility Status Checked** (i.e. 6/18/24, B1G FR24, PTD)

COMMENTS:

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