



# ADD/CHANGE OF MAJOR OR ADVISOR FORM

OFFICE OF ADMISSIONS & RECORDS

P.O. Box 501250 CK, Saipan MP 96950

237-6768/69/70/71

admissions@marianas.edu

## STUDENT INFORMATION

NAME: \_\_\_\_\_ POWERCAMPUS ID NUMBER: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL

REASON(S) FOR CHANGE: \_\_\_\_\_

SIGNATURE OF STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_ CHANGES WILL TAKE EFFECT ON: \_\_\_\_\_  
SEMESTER & YEAR

## THIS IS TO NOTIFY MY ASSIGNED ACADEMIC ADVISOR THAT I AM REQUESTING A:

Change of Advisor ONLY

\*Advisor must be from current program of study\*

Has been transferred Date: \_\_\_\_\_

Will be transferred Date: \_\_\_\_\_

Not transferred (state reason): \_\_\_\_\_

CURRENT Academic Advisor (Print name & Sign): \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

*"I am accepting the student (advisee) for academic advisement purposes."*

NEW Academic Advisor (Print name & Sign): \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Change of Program (Major & Advisor)

CURRENT Degree Program: \_\_\_\_\_

CURRENT Academic Advisor (Print name & Sign): \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

*"I am accepting the student (advisee) for academic advisement purposes."*

NEW Degree Program: \_\_\_\_\_

NEW Academic Advisor (Print name & Sign): \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Add another Program of Study

CURRENT Degree Program: \_\_\_\_\_

NEW Degree Program \_\_\_\_\_

Do you want to make your new program your primary program?

Yes  No

*"I am accepting the student (advisee) for academic advisement purposes."*

NEW Degree Program: \_\_\_\_\_

NEW Academic Advisor (Print name & Sign): \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR INTERNATIONAL STUDENTS ONLY

INTERNATIONAL COUNSELOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## FOR OAR USE ONLY

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_