



Student Information			
Full Name:  Last First	UTA ID#:		
UTA Email Address:	Phone #:		
Have you applied for graduation? Yes No			
Is your GPA currently below a 2.0? Yes No	If Yes, which semester?		
stud	o declare <i>two</i> content areas for their program of y from:		
Area I: Art, Media, Humanities  Area II: Business, Community Studies, Social Science  Area III: Engineering, Health & Wellness, Physical Science			
		Please enter your Primary and Secondary Conter	nt Area requests below
		Primary Content:	Secondary Content:
Will you be adding a certificate? Yes No			
	If Yes, which certificate?		
	ot allow for minors. If you currently have a eleted upon program change.		
Student	Signature		
Signature:	Date:		
Departm	ent Review		
Total Hours Earned:	UTA GPA:		
Department Signature:	Date:		