



REGISTRAR'S OFFICE

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CHANGE OF MAJOR

OFFICE USE ONLY

changed in POISE

keep advisor

changed in Degree Audit

remove advisor

Student Name: _____ Student I.D. No.: _____

Enrollment Semester: Fall Spring Summer I Summer II Enrollment Year: _____

Previous Plan of Study: _____ Previous Advisor: _____

New Plan of Study: (choose from the following list)

COLLEGE-TRANSFER PROGRAMS

Business

Associate of Science in Business

2+2 Plan: _____

Education (Teaching)

Associate of Science in Education

2+2 Plan: _____

General Education

Associate of Arts in General Education

Focus: STEM (Pre-Engineering)

General Studies

Associate of General Studies

(Some courses may not be transferable.)

Focus: Practical Nursing

Focus: Registered Nursing

Focus: _____

Certificate of General Studies*

Liberal Arts

Associate of Science in Liberal Arts

2+2 Plan: _____

CAREER-SPECIFIC PROGRAMS

Air Conditioning, Heating & Refrigeration Technology

AAS TC

Automotive Services Technology

AAS TC

Business

AAS (choose one option below)

Option: Accounting

Option: Business Administrative Technology

Option: Retail Marketing

TC

Collision Repair and Refinishing Technology

AAS TC

Computer Information Systems Technology

AAS TC

CP - Computer Maintenance*

CP - Networking Technology*

Crime Scene Investigation

(Must be a current Arkansas Law Enforcement Officer)

AAS* TC* CP*

Drafting

AAS TC

Early Childhood Development

AAS TC CP*

Emergency Medical Technician (EMT)

CP*

Law Enforcement Administration

(Must be a current Arkansas Law Enforcement Officer)

AAS* TC* CP*

Industrial Mechanics and Maintenance Technology

AAS TC CP*

Practical Nursing

TC (Must be accepted into the program)

Registered Nursing

AAS (Must be accepted into the program)

Surveying

AAS TC

Welding

AAS TC CP*

AAS (Associate of Applied Science)
(Max of 90 hours of financial assistance)

TC (Technical Certificate)
(Max of 48 hours for financial assistance
except for PN students)

CP (Certificate of Proficiency)
(Max of 26 hours for financial assistance)

OTHER

Undecided

Other: _____

*Federal financial aid NOT available for these programs.

Signature: _____ Date: _____
(Student)

Signature: _____ Date: _____
(Advisor)

Signature: _____ Date: _____
(Registrar)