CHANGE of MAJOR/DEGREE

Oglala Lakota College

Office of the Registrar

455-6033 or lmesteth@olc.edu

Student Name *(Please print)*: _____ Date: _____

OLC student ID#: _____ Phone #_____

Current Advisor _____ (please print)

Current Major _____ (please print)

Please complete all sections that apply below, using exact program titles and catalog year. Indicate which degree you are pursuing, whether it is a Certificate, Associate of Arts or Applied Science, and Bachelor's Degree.

New Advisor_____

New Major _____ Catalog Year _____

☐ Certificate ☐ Associate Degree (2 year) ☐ Bachelor's Degree (4 year)

Signature student:_____ Counselor:_____

After reviewing the students file, he/she is approved based on the following:

_____

_____

_____

_____

_____

Signature Faculty Advisor:_____ Date: _____

Please return this form to the Registrar's Office in Piya Wiconi to complete the change of advisor or major.

For Office Use Only:

Date of Computer Change _____ Initials _____

Revised 11/20/06