



College of Medicine

Interdisciplinary Medical Sciences Degree Program

Major Change Out Contract

- Complete this contract by answering all questions below.
To be valid, the contract must be signed by the student, digitally or manually.
Email the completed and signed contract using your official FSU email to: imsadvising@med.fsu.edu

Name, Email, Term/Yr, FSU GPA, Date, ID, Map Term, Overall GPA, Current Major, Type of hold, Reason for hold

I plan to change may major to: after grades post or after drop/add week for the semester of year.

Please note, your major MUST Be changed by the end of the very next academic semester.

Table with 2 columns: Current Semester, The latest major must be changed by

Have you met with an academic advisor and/or mapping coordinator in the department? Y N

If yes, what are the required courses you must take and pass to have your major changed:

Text box for required courses

If no, it is your responsibility to speak to an academic advisor and/or mapping coordinator in the department to ensure you can change your major after grades post by next semester.

Text box for why you chose to change your major

Have you met with a Pre-Health/Pre-Med Advisor about the requirements for the professional health school of your interest? Y N

I understand that this hold, will be removed, but a 'Must Change Major' hold will be placed on my student record based on my response as to when I will be changing my major.

I have read, understand, and agree to the terms and conditions stated above.

Student Signature, Print Name, Date

For Staff Use Only

The following hold will be removed and on a Must Change Major hold will be placed on student's record.

Additional Comments: Text box

Administrative Staff Signature, Print Name, Date