

Name: _____ Your Eight Digit ID NO. _____ Class of _____

Local Address: _____

_____ City/Town _____ State _____ Zip _____ Local Phone _____

I hereby request a change of major: **NOTE: A change of major may affect your bill***

From: _____

TO: _____ Department: _____ College: _____

Reasons: _____ Department: _____ College: _____

Student's Signature: _____ Date _____

Instructions: Students are encouraged to consult a faculty advisor about the process of changing a major. The Academic Advising Center assists students who are uncertain about which advisor to see. The Counseling Center will also help students with the decision-making process choosing a major.

Complete steps 1 through 3 below and return the form to the Office of the University Registrar.

1. Entering Department Authorization:

I have interviewed the student I have reviewed the student's record

Based on the above:

I recommend approval I do not recommend approval

Chairperson's Name (Please Print) _____ Chairperson's Signature _____ *EFFECTIVE TERM _____ Date _____

ENTERING DEPARTMENT ADVISOR: _____ Please Print _____ Faculty Advisor ID Number _____

2. Leaving Department Comments:

I have interviewed the student I have reviewed the student's record

Comments: _____

Chairperson's Name (Please Print) _____ Chairperson's Signature _____ *EFFECTIVE TERM _____ Date _____

3. Approved:

_____ Dean's Signature (Entering College) _____ Date _____