

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

LocalAddress: _____

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 will assist students who are uncertain about which advisor to see. The Counseling Center will also help students with the decision-making process of 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