

REQUEST FOR CHANGE OF MAJOR

Please print your Name and Address legibly; this will serve as your mailing label.

Full Name

Street Address

City, State Zip Code

Student ID Number

Class (Sr, Jr, So, Fr)

Day Evening

CURRENT MAJOR

DESIRED MAJOR

DESIRED CONCENTRATION (If Appropriate)

Please check one: Bachelor of Science _____
 Bachelor of Arts _____

Student Signature

Date

Phone Number

ACTION BY DEPARTMENT CHAIRPERSON:

_____ Approved

_____ Disapproved

New Advisor _____ Advisor Number _____

Please Indicate Reason: Low GPA No GPA Other _____

Chairperson Signature

Requirement Term/Flowsheet Year

Date

Registrar's Office Signature

Date