



CHANGE OF MAJOR AND/OR PROGRAM

Student Name: _____ SSN (last 4 digits only) _____

Previous Major: _____

Previous Advisor: _____

Desired (new) Major: _____

Desired (new) program: Day _____
Evening _____

Student Signature _____

Reason for change:
(include rationale for change of program if requested)
(use back of form for additional space)

List courses that the department of desired major would normally have required by this time that must be made up:

List courses taken or in progress that will apply to new major:

State the effect this change will have on date for completion of degree requirements:

Anticipated date for completion of degree requirements:
Month: _____ Year: _____

Total number of credits at graduation: _____ credits

Approval by chairperson of department of desired major:

(signature)

Newly assigned advisor for new major _____

Approval of Registrar _____
(signature)

(date)