

STUDENT'S REQUEST TO CHANGE MAJOR OR SPECIALIZATION
*PLEASE COMPLETE FORM IN **BLACK PEN***

STUDENT'S NAME _____ STUDENT ID NUMBER OR SOC. SEC. _____

CURRENT MAJOR _____ GPA _____ CREDITS EARNED _____

NEW MAJOR _____ WITH _____ ANTICIPATED GRAD. DATE _____

FOR THE FOLLOWING REASON: _____

STUDENT SIGNATURE _____ DATE _____

SIGNATURES NEEDED FOR APPROVAL:

CURRENT DEPARTMENT CHAIR: _____

PROPOSED DEPARTMENT CHAIR: _____
New majors only

PROPOSED ADVISOR: _____
To be assigned by the proposed department chair

AREA DEAN : _____
Dean signature not required to change or add specialization only

CONTINUING EDUCATION STUDENTS- NEED ONLY SIGNATURE OF

CONTINUING EDUCATION ADVISOR: _____

RETURN FORM TO REGISTRAR'S OFFICE WHEN FORM IS COMPLETED

REGISTRAR'S OFFICE USE ONLY		
Entered by _____	Date _____	Semester Effective _____
<input type="checkbox"/> Department Chairpersons	<input type="checkbox"/> Act 101	
<input type="checkbox"/> Career Services	<input type="checkbox"/> Student File (Original)	
<input type="checkbox"/> Academic Services	<input type="checkbox"/> Continuing Education	