

Change of Major Form*

| Student's Full Name: | ID#: |
|--|------------------|
| Faculty: | Semester/Year: |
| Current Major: | Requested Major: |
| Reasons for change of major(optional) | |
| | |
| | Signature: Date: |
| Approved Denied | |
| Reasons for denial: | |
| | |
| | |
| Dean's Signature: | Date: |
| *This form needs to be filled out by the student and his/her curre | ent advisor. |

| CC: | Advisor |
|-----|---------------------|
| | Department concerne |
| | Registrar's Office |
| | Student File conv |