

Change of Major

Last Name: _____ ID # 987 - _____ - _____

First Name: _____

Reason for Change:

I have read the policy in the Handbook and understand my responsibilities.

Student's Signature: _____ Date: _____

Current Major: _____

I am aware that the above named student is transferring to another department.

Department Chair's signature: _____ Date: _____

New Major: _____

Your signature below certifies that the above named student is accepted into your department and that you have met with the student and reviewed all course requirements for the completion of the above major.

Department Chair's signature: _____ Date: _____

Please complete and return to the Registrar's Office.

For Registrar's Office use only:

Entered by: _____ Date: _____