

MAJOR CHANGE APPLICATION

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 Complete the top half of the form. Send to your Faculty Advisor. 	
 Once signed, send to the new department. Current Office Coordinator: Forward and an anti-anti-anti-anti-anti-anti-anti-anti-	ental Office Coordinator. a copy of the student's advising file to the new department.
Name:	Student ID:
Present Classification:	Expected Grad Date:
Current Major(s):	
Requested New Faculty Advisor (if desired	l)*
Adding or dropping a Major?	
If adding, which Major/Concentrati	on:
If dropping, which Major?	
Student Signature	Date
Faculty Advisor Name	
Faculty Advisor Signature	Date
ACTION TAKEN BY NEW DEPARTM	IENT
 Instructions for new department: Complete section below, and scan cop The Registrar's Office will process the Put original paperwork in student's file 	
Accepted into new major?	Department
New Faculty Advisor Name	
Department Chair/Office Coordinator Nam	e
Chair/OC Signature	Date

*Note: New advisor requests may not be honored due to existing advising load or other departmental responsibilities