Change of Major and/or Degree

Student Name: ________________________________  Student ID# _____________________

LAST  FIRST  MI

Check one:  ___Currently Enrolled  ___Applied for Upcoming Semester

Check any of these programs that apply to you:

___Pathways to Success  ___ACT Composite 16  ___VA (Veterans Administration)

CURRENT MAJOR ____________________________________________________________

NEW MAJOR _______________________________________________________________

NEW CONCENTRATION _______________________________________________________

Student’s Signature ________________________________  Date ___________________

By changing your major, a different catalog may be used to determine your degree requirements. MM/DD/YYYY

FOR OFFICE USE

Advisor: ___________________  Advisor #: ___________________  Catalog UG: ___________________

Major: ___________________  Concentration: ___________________  Degree: ___________________

Initiated by ___________________  Date: ___________________