



DATE: _____

STUDENT ID: _____

DATE OF BIRTH: _____

STUDENT NAME: _____

I WANT TO: CHANGE MAJOR _____ DECLARE OR CHANGE SPECIALIZATION _____

CURRENT MAJOR: _____

GPA: _____ COMPLETED CREDITS: _____

NEW MAJOR / SPECIALIZATION: _____

NEW GRADUATION DATE: _____

I AM MAKING THIS CHANGE FOR THE FOLLOWING REASON: _____

I AM A TRANSFER STUDENT AND REQUEST A RE-EVALUATION OF MY OFF CAMPUS TRANSCRIPT (S): _____

STUDENT SIGNATURE _____

DATE _____

STUDENT MUST OBTAIN ALL OF THE FOLLOWING SIGNATURES:

CURRENT DEPARTMENT CHAIR: _____ (PRINTED/SIGNED) DATE

If declaring or changing a specialization only the Department Chair signature is required

If changing major the following signatures are also required:

NEW MAJOR DEPARTMENT CHAIR: _____ (PRINTED/SIGNED) DATE

PROPOSED ADVISOR: _____

Assigned by the new major department chair

NEW MAJOR DEPARTMENT DEAN: _____ (PRINTED/SIGNED) DATE

CONTINUING PROFESSIONAL STUDIES STUDENTS:

CPS DIRECTOR OR CPS ADVISOR: _____ (PRINTED/SIGNED) DATE

OFFICE OF THE REGISTRAR USE ONLY

ENTERED BY _____

DATE _____

CATALOG YEAR _____