

CHANGE OF MAJOR

_____	_____	_____	_____	_____
Last Name	First Name	M.I.	Student ID Number	Date
_____			_____	
Local Address			Local Telephone Number	
_____		_____	_____	
Class Standing (FR, SO, JR, SR, GR)		Credits Earned	Cumulative QPA	

Student Signature				

REQUESTING CHANGE OF MAJOR

Department chairperson: Your signature on this form verifies this student has met all the requirements, including the minimum GPA, to enroll in the designated major.

Major **TO** which student is transferring _____
Department chairperson's approval _____
Date _____

Major **FROM** which student is transferring _____
Department chairperson's approval _____
Date _____

Reason for change: _____

1. Return completed form to the Registrar's Office, 224 South Hall.
2. Students are encouraged to have forms completed within three weeks of the start of the semester in order to promote sound academic advising.
3. The Registrar's Office will e-mail the student when the change has been completed.