

**ROBESON COMMUNITY COLLEGE**

**Change of Major Request Form**

\*Students requesting a change of major are required to meet with a counselor before their request is processed.

SSN: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Semester: ( ) Fall ( ) Spring ( ) Summer

Name: \_\_\_\_\_

Address: (Street) \_\_\_\_\_

Phone: \_\_\_\_\_

(Apt./P.O. Box) \_\_\_\_\_

(City/State/Zip) \_\_\_\_\_

I request a change of major from (Current Program): \_\_\_\_\_

to (New Program): \_\_\_\_\_

Effective: \_\_\_\_\_  
Semester Year

I have transcripts from other schools that need to be reviewed for applicable credits: ( ) Yes ( ) No

SIGNED: \_\_\_\_\_  
Student Date

----- OFFICE USE ONLY ----- DO NOT WRITE BELOW THIS LINE ----- OFFICE USE ONLY -----

Clearinghouse Status: ( ) Records Complete ( ) Need Updated Transcript(s) From: \_\_\_\_\_

( ) Request APPROVED. \_\_\_\_\_

( ) Request NOT APPROVED. \_\_\_\_\_

Assign New Advisor: \_\_\_\_\_  
Advisor Name

Comments: \_\_\_\_\_

\_\_\_\_\_

Approving Officer: \_\_\_\_\_  
Signature Date

Keyed in Colleague: \_\_\_\_\_  
Signature Date

-----Registrar Use Only ----- Do Not Write Below This Line ----- Registrar Use Only -----

Evaluation Reviewed by Records and Registration on: \_\_\_\_\_  
Date Initial