



Change of Major Request Form

Name: _____

Datatel/Student ID Number: _____

Date of Birth: _____

SSN: _____

Phone: _____

Current Semester: Fall Spring Summer

Effective Semester: Fall Spring Summer

Current Year: _____

Effective Year: _____

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

to (New Program): _____

Student Signature: _____ Date: _____

ADMISSIONS USE ONLY - DO NOT WRITE BELOW THIS LINE

Request APPROVED

Request NOT APPROVED

New Advisor Name: _____

Comments: _____

Admissions Signature: _____ Date: _____

REGISTRAR AND FINANCIAL AID USE ONLY

Evaluation by Records and Registration Date: _____ Initial: _____

Evaluation by Financial Aid Date: _____ Initial: _____

Veteran, Active Duty or Military Spouse/Dependent

VA Official Signature: _____ Date: _____