



CHANGE OF MAJOR / ADVISOR FORM

Name: _____ EMPL: _____

Which university catalog are you under: _____

CHANGE FROM:

Current Major(s) _____

Current Minor(s) _____

Current Option(s) _____

DEGREE: Check One	
___ Certificate	___ Dual Degree
___ 2 Year (AA/AS/AAS)	
___ 4 Year (BA/BS/BSED/BUS)	

CHANGE TO:

New Major(s) _____

New Minor(s) _____

New Option(s) _____

CHANGE ADVISOR:

Current Advisor: _____ Signature of advisor _____

New Advisor: _____ Signature of advisor: _____

Department Chair Signature (new major and/or new advisor) Date

FOR OFFICE USE ONLY

Date processed: _____

Initials: _____

Original: Academic Records
CC: Department, Financial Aid