

CHANGE OF MAJOR

Name _____

Date _____

Year Expected to Graduate _____

Effective Date of Change _____

Change From _____
Major

Minor/Specialization/Area Study (if applicable)

To _____
Major

Minor/Specialization/Area Study (if applicable)

Will you work toward Teacher Certification? _____

Reason for Change of Major _____

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Signature of Approval by Previous Chairperson

Signature of Approval by New Chairperson

Signature of Approval by Director of Program (when applicable)

NOTE: A change of major will be effective ONLY after this form has been signed by the Chairperson and Program Director (when applicable), and returned by the student to the Office of the Registrar.

For Use of the Office of the Registrar

Form received on _____

By _____