

Change of Major Request

Student Section:		
Name:	ID:	
Phone #:	Email:	
Campus:	Semester:	
I hereby request to change my major		
From:	Concentration:	_
To:	Concentration:	_
Reason for Change:		



B. Acceptance of the new major – to be completed by department:

Current Major:	New Major:
GPA: Semester/year	Semester/year
AcceptedRejected	AcceptedRejected
Dean of the Faculty:	Dean of the Faculty:
Name:	Name:
Signature:	Signature:

C. <u>Transcript Section</u>: (Transcript to be attached)

Transferred Courses	Category