

Office of the Registrar Change of Major Request

Undergraduate Students

It is the student's responsibility to obtain all signatures and submit this form to the Registrar's Office.

If the request is submitted after the add/drop date for the term, changes will be reflected in the following term.

This form is to be used when replacing your current major with the new major listed below.

CWID:				
	Last Name	e	First Name	MI
Are you planning on graduating	this academic year?	YES	NO	
lew Major:				
*Concentration:				
	if applicae	ble		
Please transfer the follow arrent Faculty Advisor or ogram Coordinator gnature (old major):	ing minor(s) to new ma	gor program or study.	Date:	
epartment Head or ogram coordinator gnature (new major):			Date:	
**New Advisor:			_	
**	Advisor to be assigned by Ne	ew Department Head		
NCAA Compliance Officer Signatu	re:		Date:	
	*If applicable			
Student Signature:			Date:	
	Offic	ce Use Only		
SGASPRT	SHADEGR	Degree Works	SGAADVR	
Recorded to Banner: Initials				Revised: 2024