

CHANGE OF MAJOR, MINOR, CONCENTRATION POLICY AND PROCESS

- The Application to Change Major, Minor, or Concentration must be completed and approved before submission to the Registrar's Office.
- The declared major, minor, or concentration must be an existing, approved academic program of the University.
- Once the term begins, any changes to a student's major, minor, or concentration will be effective for the subsequent semester.

STUDENT INFORMATION

First Name: _____ Last Name: _____ PRN: _____

Email: _____ Expected Graduation Date: _____ Campus: _____

REQUEST TO CHANGE MAJOR (if applicable, please select which options apply) I HEREBY REQUEST TO CHANGE MY CURRENT MAJOR FROM: _____ TO: _____ I AM CURRENTLY DECLARED IN MORE THAN ONE MAJOR AND I REQUEST TO DROP THE FOLLOWING MAJOR: _____ I AM CURRENTLY UNDECLARED AND I HEREBY REQUEST TO DECLARE THE FOLLOWING MAJOR: _____

Name of New Primary Advisor: (if applicable): _____ Advisor Effective Term: _____

REQUEST TO CHANGE MINOR (if applicable, please select which options apply) I HEREBY REQUEST TO DECLARE THE FOLLOWING MINOR: _____ I HEREBY REQUEST TO DROP THE FOLLOWING MINOR: _____

Name of New Minor Advisor (if applicable): _____ Advisor Effective Term: _____

REQUEST TO CHANGE CONCENTRATION (if applicable, please select which options apply) I HEREBY REQUEST TO CHANGE MY CURRENT CONCENTRATION FROM: _____ TO: _____ I HEREBY REQUEST TO DECLARE THE FOLLOWING CONCENTRATION: _____ I HEREBY REQUEST TO DROP THE FOLLOWING CONCENTRATION: _____**CHANGE OF MAJOR, MINOR, OR CONCENTRATION APPROVAL** (Font signature NOT accepted)

I understand the implications of the changes requested and I agree to fulfill all of the requirements of the new major, minor or concentration including University Core requirements, as described by the Academic/Program Director and/or published in the Academic Catalog.

Student Signature: _____ Date: _____

Current Advisor Signature: _____ Date: _____

New Academic/Program Director of Major Signature: _____ Date: _____New Academic/Program Director of Minor Signature: _____ Date: _____**Please note: Academic/Program Director signature is not required for requests to drop Secondary Majors, Minors, or Concentrations.*