MAJOR CHANGE APPLICATION

Students: Give this completed form to your current Department Secretary.

A separate form must be completed for each major declared.

Name		Stud	ent #	CPO Box	Date	
Classification:	Freshman	Sophomore	Junior	Senior □	Grad \square	
Major to which y	ou are applying			Is this an additional major?	□ No □ Yes	
C	oncentration/Track in	n major (if applicable)				
Does this major r	replace previous majo	r? □ No □ Yes	Are	you dropping a second major?	o □ No □ Yes	
If	yes, what major are	you dropping?				
Are you changing	g a concentration/trac	k? □ No □ Yes				
C	oncentration/Track ac	dded				
Your Signature				Date		
Signature of Current Adviser				Date		
		vard this form to the		e Department to which the s if a second major is being ac		
		TON TAKEN BY N				
•	w major? □ Yes □			v major		
New Adviser				t		
Office Hours						
	Signature of Department Chair			Date		
Pleas	e see your Major a	dviser for counseli	ng and app	oroval of your academic p	rogram.	
Distribution: Cor	pies to student and stu	udent's file, original to	Registrar's	Office		