

x The declared major, minor, or concentration must be an existing

x Once the term begins, any changes to a student's major, minor, or concentration

OF MAJOR, MINOR, CONCENTRATION POLICY AND PROCESS

First Name: _____ Last Name: _____

Email: _____ Expected Graduation Term: _____

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 CONCENTRATION: _____

I HEREBY REQUEST TO DROP THE FOLLOWING CONCENTRATION: _____

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: _____