



Request for Change of Major

Processing Fee \$50

Name _____
Address _____
Telephone _____
Email _____

Present Major _____
Area of Concentration _____

Requested New Major _____
Area of Concentration _____

Reasons for the Change _____

Signature of Student _____ Date _____

Approved On

Chairperson

Chairperson

Dean of Academic Affairs

CC
Dead of Administrative Affairs
Dean of Student Affairs
Registrar