

# Change of Major Form

---

---

Legal Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student ID # or SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Major: \_\_\_\_\_  
\_\_\_\_\_

Credential:  AAS  
 AS  
 AA  
 Certificate

Requested New Major: \_\_\_\_\_  
\_\_\_\_\_

Credential:  AAS  
 AS  
 AA  
 Certificate

REASON FOR REQUEST FOR CHANGE OF MAJOR: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENT ADVISOR SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

NEW ADVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please return this form to the Enrollment Services Department.** Please note that a request to change your major requires a review of your academic file for space and necessary prerequisites in your newly chosen program. This change of major, if approved, will take affect at the beginning of the college's next semester. After we have reviewed your file, you will be sent a letter notifying you of your status.

*For Office Use Only:*

---

Enrollment Services Coordinator: \_\_\_\_\_ DATE: \_\_\_\_\_

Status:      Accept      Do Not Accept