

**CHANGE OF MAJOR/CONCENTRATION/MINOR/CERTIFICATION/CERTIFICATE**

PLEASE PRINT IN INK

|            |                        |            |             |
|------------|------------------------|------------|-------------|
| First Name | Middle Initial or Name | Last Name  | Student ID# |
| Home Phone | Cell Phone             | Work Phone | E-mail      |

Major:  Change  
 from \_\_\_\_\_ to \_\_\_\_\_

Concentration:  Change     Add     Drop  
 from \_\_\_\_\_ to \_\_\_\_\_

Minor:  Change     Add     Drop  
 from \_\_\_\_\_ to \_\_\_\_\_

Certification:  Change     Add     Drop  
 from \_\_\_\_\_ to \_\_\_\_\_

Certificate:  Change     Add     Drop  
 from \_\_\_\_\_ to \_\_\_\_\_

All signatures are required. Please obtain in order listed.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Current Advisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Current Department Chair/Dean \_\_\_\_\_ Date \_\_\_\_\_

Signature of New Department Chair/Dean \_\_\_\_\_ Date \_\_\_\_\_

Name of New Advisor assigned by New Department Chair/Dean \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director of International Studies *(required if applicable)* \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director of Academic Advising **OR** Director of Graduate Studies \_\_\_\_\_ Date \_\_\_\_\_

**Return signed and dated form to: Office of the Registrar, Ryan 204**