



Fontbonne University

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Change of Major/Concentration/Minor/Certification/Certificate

Name _____

Student ID# _____

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: _____

Please obtain signatures in the following order:

Student Signature

Date

Current Advisor Signature

Date

Current Department Chair Signature

Date

New Department Chair Signature

Date

Name of new advisor as assigned by new Department Chair _____

Director of International Studies Signature (if applicable)

Date