



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