This form can be filled out with Adobe Acrobat and then printed for signatures.

Students requesting a change of curriculum will be subject to all requirements and enrollment restrictions in the new curriculum. **Please note:** Change of majors are only processed at the beginning and at the ending of each semester after all final grades are posted.

TO BE COMPLETED BY THE STUDENT					
LAST NAME	FIRST NAME	MIDDLE NAM		STUDENT ID	
Local Address					
Email Address					
Previous Major	Current Primary Major				
Complete only if you are current Associate in General Techn Associate in Arts Associate in Science I hereby request the following of and enrollment restrictions of the that my graduation may be defined.	ology change(s) in curriculum. I ui he college and/or departme	nderstand I will be ent in which my p	e subject to proposed nev	all requirements	
What semester should this cha	nge take place? (year)	SPRING	SUMMER	FALL	
STUDENT SIGNATURE				DATE	
TO BE COMPLET	ED BY THE ACCEPTING D	EPARTMENT A	ND/OR CO	LLEGE	
The change of curriculum requerepresentatives of the academic The student will be required to state of the state o	ic department and/or collec	ge in which the pr	oposed new	major is located.	
Comments					
-	ADVISOR SIGNATURE		_	DATE	
DIVISIONAL SECRETARY SIGNATURE				DATE	

Upon completion, please send a copy of this form to the department in which the student's former major is located and the Office of the Registrar. DISCLAIMER: Changing your major more than one time will delay your graduation expected date.