

CHANGE OF MAJOR

(or Minor, Concentration, Specialization, Track, Cluster)

_____ Last Name, First Name	_____ ID Number	_____ Effective Term
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- INSTRUCTIONS:**
- 1 – Enter only information that you wish to add or remove.
 - 2 – Consult with, and obtain the signature of, your advisor.
 - 3 – Submit signed form to the Office of the University Registrar (Levermore Hall, Lower Level)

ADD the following: <input type="checkbox"/> 1 st Major <input type="checkbox"/> 2 nd Major <input type="checkbox"/> 3 rd Major <input type="checkbox"/> Minor <input type="checkbox"/> Concentration <input type="checkbox"/> Specialization <input type="checkbox"/> Track <input type="checkbox"/> Cluster
ADD the following: <input type="checkbox"/> 1 st Major <input type="checkbox"/> 2 nd Major <input type="checkbox"/> 3 rd Major <input type="checkbox"/> Minor <input type="checkbox"/> Concentration <input type="checkbox"/> Specialization <input type="checkbox"/> Track <input type="checkbox"/> Cluster
ADD the following: <input type="checkbox"/> 1 st Major <input type="checkbox"/> 2 nd Major <input type="checkbox"/> 3 rd Major <input type="checkbox"/> Minor <input type="checkbox"/> Concentration <input type="checkbox"/> Specialization <input type="checkbox"/> Track <input type="checkbox"/> Cluster
REMOVE the following: <input type="checkbox"/> 1 st Major <input type="checkbox"/> 2 nd Major <input type="checkbox"/> 3 rd Major <input type="checkbox"/> Minor <input type="checkbox"/> Concentration <input type="checkbox"/> Specialization <input type="checkbox"/> Track <input type="checkbox"/> Cluster
REMOVE the following: <input type="checkbox"/> 1 st Major <input type="checkbox"/> 2 nd Major <input type="checkbox"/> 3 rd Major <input type="checkbox"/> Minor <input type="checkbox"/> Concentration <input type="checkbox"/> Specialization <input type="checkbox"/> Track <input type="checkbox"/> Cluster
REMOVE the following: <input type="checkbox"/> 1 st Major <input type="checkbox"/> 2 nd Major <input type="checkbox"/> 3 rd Major <input type="checkbox"/> Minor <input type="checkbox"/> Concentration <input type="checkbox"/> Specialization <input type="checkbox"/> Track <input type="checkbox"/> Cluster

Add 5-Year Program _____ <i>(complete this section only if you are joining at 5-Year Program)</i>	Signature of Program Representative _____
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Change Site to _____ <i>(complete this section only if you are changing campus locations)</i>
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Change Catalog Term from _____ to _____ <i>(complete this section only if you are changing your catalog term)</i>

_____ Student Signature	_____ Date
_____ Current Advisor Signature	_____ Date
_____ New Advisor Signature	_____ Date

- Signature from current advisor is needed if you are adding an additional major; adding a minor; adding or changing a concentration, specialization, track, or cluster; or changing your site or catalog term
- Signature from new advisor is needed if you are adding or changing major, adding a minor from a different department or school, or changing campus location