

Student ID#:

CHANGE OF MAJOR FORM

Directions on completing this form:

To change your major, you must get approval from either an Academic Counselor or Curriculum Chair. If you have 30 or less credits, please visit the Counseling Center to meet with a Counselor. If you have 31 or more credits, please visit the Curriculum Chair of your intended major. This form must be filled out completely and submitted to the Registrar's Office located in Administration Bldg. Rm 107

Last Name	First Name
THIS FORM CANNOT BE USED I	FOR THE FOLLOWING PROGRAMS/PLANS
	NURSING RN
PARAMEDIC	C(A.A.S. & CERTIFICATE)
RES	PIRATORY CARE
RADIOL	OGIC TECHNOLOGY
VETERI	NARY TECHNOLOGY
These Program/Plans require formal adm	ission. Please contact Office of Admissions for details.
Current Academic Plan:	A.S. / A.A. / A.A.S. / Cert (circle one)
N A L ' DI	
New Academic Plan:	A.S. / A.A. / A.A.S. / Cert (circle one)
Please answer the following questions by cir Are you an international student holding an Are you currently receiving financial aid? I	F-1 Student Visa? Please circle YES or NO
Student Signature:	Date:
Student Signature.	Date.
Advisor:	Date:
(Print Name)	Signature
Registrar's Office	
Processed By:	Date: