

Student ID #: _____ Name: _____

Contact Phone: _____ E-Mail: _____

Mailing Address: _____

Student Signature: _____ Date: _____

INSTRUCTIONS:

1. Enter your major on the appropriate line
2. If applicable, enter minor on appropriate line
3. Obtain signature of new advisor or School Secretary
4. Submit to the Office of the Registrar

PLEASE RESPONSE TO THE FOLLOWING QUESTIONS:

Is this a new major? YES or NO

Are you adding another area to you current major? YES or NO

Anticipated Graduation Date? _____

DEGREE TYPE: (Please check one)

- | | | | | | | | |
|--------------------------------------|-----------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|------------------------------|
| <input type="checkbox"/> Certificate | <input type="checkbox"/> AA | <input type="checkbox"/> AS | <input type="checkbox"/> AAB | <input type="checkbox"/> AAS | <input type="checkbox"/> ATS | | |
| <input type="checkbox"/> BA | <input type="checkbox"/> BS | <input type="checkbox"/> BFA | <input type="checkbox"/> BSN | <input type="checkbox"/> BSW | <input type="checkbox"/> BTS | <input type="checkbox"/> BSIT | <input type="checkbox"/> MEd |

Major: _____

Minor: _____

2nd Major: _____

New Advisor's Name: _____

OFFICE OF THE REGISTRAR USE ONLY:

Date Entered in Computer: _____ Operator Initials: _____