

First Name: _____ Middle Initial: _____ Last Name: _____

GTID Number: _____

Have you applied for graduation? Yes No Term: Fall Spring Summer /20 ____

REQUEST A CHANGE

Change Primary Major Change Catalog (of any major)

Change Priority of Secondary Major Change/Add/Remove Major

Change Other Major

Major Schools

Current Primary Degree: _____ Major: _____
(Always needed)

School: _____ Catalog Year _____ Date: _____

Major School Advisor Name/Signature _____ / _____

New Primary Major Degree: _____ Major: _____

School: _____ Catalog Year _____ Date: _____

Major School Advisor Name/Signature _____ / _____

New Secondary Major Degree: _____ Major: _____

School: _____ Catalog Year _____ Date: _____

Major School Advisor Name/Signature _____ / _____

Other Major Degree: _____ Major: _____

School: _____ Catalog Year _____ Date: _____

Major School Advisor Name/Signature _____ / _____

Notes _____

Student's Signature _____ Date: _____

REGISTRAR'S OFFICE ONLY

Processed by _____ Date: _____

* Students interested in changing majors need to first contact the NEW Primary Major department.