

Print Name _____
Last First Middle

Student Email _____ gtID# _____

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

REQUEST A CHANGE	<input type="checkbox"/> Change Primary Major	<input type="checkbox"/> Change/ Add/ Remove Major
	<input type="checkbox"/> Change Priority of Secondary Major	<input type="checkbox"/> Change Catalog (of any major)

MAJOR SCHOOLS

***NEW Primary Major** Degree: _____ Major: _____
 School: _____ Catalog Year: _____
 Dept. Signature _____ Date: ____/____/____

Current Primary Degree: _____ Major: _____
(Always needed) School: _____ Catalog Year: _____
 Dept. Signature _____ Date: ____/____/____

NEW Secondary Major Degree: _____ Major: _____
 School: _____ Catalog Year: _____
 Dept. Signature _____ Date: ____/____/____

Current Sec. Major Degree: _____ Major: _____
 School: _____ Catalog Year: _____
 Dept. Signature _____ Date: ____/____/____

SIGNATURES (IF APPLICABLE)

Athletic Advisor _____ Date: ____/____/____
 International Education (OIE) _____ Date: ____/____/____
 Profesional Practice (COOP) _____ Date: ____/____/____
 Military Science _____ Date: ____/____/____
 Veteran Affair (VA) _____ Date: ____/____/____
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.