CHANGE OF MAJOR WITHIN COLLEGE

Student’s Name  ____________________  Last  ____________________  First  ____________________  M.  ____________________

ID Number:  ____________________  Phone No.:  ____________________

Please Circle:
Are you in the Honors College?  yes  no
**Are you in the College of Arts & Science?  yes  no

**PLEASE NOTE THAT THIS FORM IS ONLY VALID FOR CHANGES WITHIN THE COLLEGE OF ARTS AND SCIENCES

Old Major (from)  ____________________
New Major (to)  ____________________
Initiating Office  A&S Dean’s Office

**Anticipated date of graduation:  ____________________

________________________________________  ____________________
Student Signature  Date

________________________________________  ____________________
Department Advisor Signature  Date

________________________________________  ____________________
College Advisor Signature  Date

Dean’s Office Use:

Changed in: PeopleSoft  Program Plan  Advisor  DARS upper level, as needed

Requirement Term:  ____________________

updated by:  ____________________

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