



MAJOR/MINOR/CONCENTRATION CHANGE FORM

Registrar's Office

Name: _____ ID#: Z _____

Address: _____
Street and Number City State Zip

Phone: _____ ORU Email: _____

Student Signature Date

Degree: BA BS BME BMU BSE BSN BSW MA MDIV MBA MMGT

New School: AC BU ED NR OC SE TH

Classification: FR SO JR SR GRAD

I receive veteran's benefits. Yes No

IMPORTANT INSTRUCTIONS

1. Please fill out the entire form and obtain the appropriate signatures from the chair of your new major department or the chair of your current major if only changing minor or concentration information.
2. Submit the completed form to the Registrar's Office for processing.
3. Changes may be viewed on Vision within 5 business days.

CURRENT INFORMATION

Major 1: _____ Major 2: _____

Minor 1: _____ Minor 2: _____

Concentration 1: _____ Concentration 2: _____

NEW INFORMATION

Major 1: _____ Major 2: _____

Minor 1: _____ Minor 2: _____

Concentration 1: _____ Concentration 2: _____

Name of New Major Advisor: _____ Name of New Major Advisor: _____
(Required) (Required)

Chair of Major Signature for Approval Chair of Major Signature for Approval

Entered by: _____ Date: _____

Registrar's Office | Oral Roberts University | 7777 South Lewis Avenue | Tulsa, OK 74171 | phone 918.495.6549 | fax 918.495.6607

White copy: Registrar's Office Yellow Copy: New Department Pink Copy: 2nd Department Goldenrod Copy: Student