



MAJOR/MINOR/CONCENTRATION CHANGE FORM

Registrar's Office

Name: _____ ID#: Z _____

Address: _____
Street and Number City State Zip

Phone: _____

Student Signature _____ Date _____

Degree: BA BS BME BMU BSE BSN BSW

New School: AC BU ED NR SE TH

Classification: FR SO JR SR

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

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

Entered by: _____ Date: _____