

Change of Major

Directions: Please complete the top portion of form and email to your current advisor for processing.

Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Date of Request: _____

WIN#: _____

_____ requests a change of major from
Last/First Name

_____ to _____
Program name Program name

effective for the _____ semester / year. My advisor is _____
Print Name

For Advisor Use Only

Student Admitted: Yes, on: _____

Change of Major – granted / denied, reason: _____

Name of New Advisor New Advisor Signature

Date Reviewed

For Department Use Only

Date Received and Processed