



Change in Major/Minor Form

Student's Name: _____

Class Year: _____

Current Major(s):

Are You Dropping This Major?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

New Majors(s) to Add:

Current Minor(s):

Are You Dropping This Minor?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

New Minors(s) to Add:

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____

