

Change in Major/Minor Form

Student's Name:		Class Year:				
Current Major(s):		Are You Dropping This Major?				
			Yes		No	
			Yes		No	
			Yes		No	
			Yes		No	
New Majors(s) to Add:						
Current Minor(s):		Are You Dropping This Minor?				
			Yes		No	
			Yes		No	
			Yes		No	
			Yes		No	
New Minors(s) to Add:						
Student Signature:	Date:	;				
Advisor Signature:	Date					

