CHANGE OF DEGREE, MAJOR, OR CONCENTRATION

Student Name: ________________________ Arcadia ID #: ______________________

Previous Major: ________________________
Desired (new) Major: ________________________ or Concentration: ________________________

Change Degree to: ____BA ____BS ____BFA

Previous Advisor: ________________________

Student Signature ________________________

Reason for change:
(include rationale for change of program if requested - use back of form for additional space)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

List courses that the department of desired major would normally have required by this time that must be made up:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

List courses taken or in progress that will apply to new major:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

State the effect this change will have on date for completion of degree requirements:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Anticipated date for completion of degree requirements:
Month:_______ Year:_______

Total number of credits at graduation: _________ credits

Approval by chairperson of department of desired major:
______________________________________________________________________________
(signature)

Newly assigned advisor for new major ________________________ (printed name)

Approval of Registrar ________________________ (signature) ________________________ (date)