CHANGE OF MAJOR AND/OR PROGRAM

Student Name: _______________________________________ Arcadia ID: ________________

Previous Major:____________________________________

Desired (new) Major:________________________________

Previous Advisor:___________________________________

Desired (new) program:

Day____

Degree Completion_______

Student Signature   _____________________________________________

Reason for change:                                                                                        List courses that the department of desired major would
(include rationale for change of program if requested)                                   normally have required by this time that must be made up:
(use back of form for additional space)

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   _____________________________________________

Approval of Registrar   _______________________________________________

__________________________   _______________________

(sigature)   (date)