

Date _____

Last Name _____ First _____ Student ID # _____

O MAJOR

Current Major _____ New or Additional _____

Circle one: Drop Keep

***Does the change of major require a change of degree, e.g. BS → BA; BSN → BS? If 'Yes', new degree* _____

O MINOR

Current Minor _____ New or Additional _____

Circle one: Drop Keep

O CONCENTRATION

Current Concentration _____ New or Additional _____

Circle one: Drop Keep

For Office Use Only

Process Date _____

Processed by _____