



REQUEST TO CHANGE/ADD SECOND MAJOR

Student's Name _____ Student ID# _____

Email _____ Phone _____

Current Major _____

Concentration (if applicable) _____

Required Signatures:

Advisor _____ Date _____

Department Chair _____ Date _____

Dean/Director _____ Date _____

New/Second Major (please circle "new" or "second") _____

Concentration (if applicable) _____

Required Signatures:

Advisor _____ Date _____

Department Chair _____ Date _____

Dean/Director _____ Date _____

Student's Signature _____ Date _____

Registrar's Office _____ Date _____