

For Office Use Only	
Date Received:	
ADM	EVAL.

Change of Major Request Form

Student Name	Student ID / SSN
New Address:New Phone Number: I hereby request permission to change my major: From Current Major	
Please circle your new major below: ASSOCIATE DEGREES- 2 year Program Associate in Arts A10100 Associate in General Education A10300 Associate in Arts (Teacher Prep) A1010T Associate in Science (Teacher Prep) A1040T Associate in Science (Teacher Prep) A10100EU Associate in Science A10400 Associate in Science A10400 Associate Degree in Nursing A45100 Automotive Systems Technology A60160 Business Administration A25120 Computer Information Technology A25260 Cosmetology A55140 Criminal Justice Technology A55180 Dental Hygiene A45260 Early Childhood Associate A55220 Early Childhood Associate A55220 Information Technology A45380 Information Technology A25590 Industrial Systems Technology A50240 Medical Laboratory Technology A45420 DIPLOMA-1 year Program Automotive Systems Technology D60160 Business Administration D25120 Business Adminis Small Business Startup D25120SB	 Business Admin: Small Business Management D25120SM Computer Information Technology D25260 Cosmetology D55140 Human Services Technology D45380 Industrial Systems Technology D50240 Licensed Practical Nurse LPN D45660 Welding D50420 CERTIFICATE- 1 Year or Less Automotive Systems Technology – AST Basic C60160B Automotive Systems Technology – AST Advanced C60160A Business Admin: Accounting C25120A Business Admin: Small Business Management C25120SM Business Admin: Small Business Startup C25120SB Business Admin: Finance Specialist C25120CF Human Services Tech C45380 Welding C50420 SPECIAL STUDENT T90990
Current Advisor's Signature: New Advisor's Signature:	

Student Signature: ______ Date: _____