



## Change of Major Form

Date: \_\_\_\_\_

Student ID		Student Name	
Mobile Number		AURAK Email	
High School Stream	High School Score	Effective Semester	
		Fall_____	Spring_____ Summer _____

Note: High School Certificate attached Yes:   
No:

**Current Program:**

\_\_\_\_\_

**Major**

\_\_\_\_\_

**Catalog Program (e.g. 2013-2014)**

**New Program:**

\_\_\_\_\_

**Major**

\_\_\_\_\_

**Catalog Program (e.g. 2013-2014)**

Student' s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current Advisor' s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Advisor' s Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit this form along with the completed signatures to the Department of Registrar*

Received & Processed by: \_\_\_\_\_ Date: \_\_\_\_\_