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Registrar@fdu.edu

## **CHANGE OF MAJOR**

NAME:		STUDENT ID #:				
PHONE:		EMAIL:				
LEVEL:	Freshman	Sophomore	Junior	Senior		
Student Signature	o:		Date:			
Current Major: _			Curr	ent Catalog Year:		
Current Concentr	ation:					
Current Minor/s:						
New Major:			New C	Catalog Year:		
New Concentration	on:					
New Minor/s:						
Departmental Sig	nature:(Directe	or/Chair/Advisor/Dean	Das applicable)	Pate:		
GPA	A:(	Credits Earned:	Verified by			
Office Use Only:						
	_			–		
Processed by:	Date:	Admit S	status:	Student Type:		

Distribution: Office of Enrollment Services, Student