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## THE DEADLINE TO CHANGE ACADEMIC PROGRAMS IS THE FINAL DAY TO ADD/DROP EACH SEMESTER

## **CHANGE OF MAJOR**

NAME:		STUDENT ID #:	
PHONE:	EMAIL:		
Ī	UNDERGRADUATE:	GRADUATI	E:
Student Signature:		Da	te:
Current Major:		Curr	ent Catalog Year:
Current Concentration:			
*Current Minor/s:*(Undergraduate Students C	only)		
New Major:		New C	atalog Year:
New Concentration:			<u></u>
*New Minor/s:*(Undergraduate Students C	only)		
Departmental Signature	:(Director/Chair/Advisor/I		nte:
GPA:	Credits Earned:	Verified by	
Office Use Only:			
Processed by:	Date:Ad	lmit Status:	Student Type:
Distribution: Office of I	Enrollment Services, Student		