

Major/Advisor Change

Term _____ Year _____

Social Security # _____

Dragon ID # _____

Phone # _____

Phone # _____

Name _____

Local Address _____

Permanent Address _____

Indicate below how your record should appear and secure signatures if changed.

E-mail _____

Major 1. _____ Emphasis/Option _____

Major 2. _____ Emphasis/Option _____

Minor 1. _____ Minor 2. _____

Please list Former Advisor _____ New Advisor _____

Department Chair Signature for New Major/Advisor _____ Date _____

Submit this form to the Records Office (Owens Hall) when all information is complete.

**FOR OFFICE USE
ONLY**

LA

PA

Major

Major

Minor

Emphasis

Advisor Tech ID

Int

Date