



# CHANGE OF MAJOR REQUEST

**Admissions, Records & Evaluations Office**

**(559) 278-2261**

1. Take this form to the **old department** to pick up your advising folder, **only** if you are a transfer or a continuing student.  
If you are an undeclared major, go to Advising Services in Joyal Administration, Rm. 224.
2. Take this form (*and your advising folder*) to the **new department** for the completion of Part II.
3. Student is to **return form** to the Admissions & Records Office - STUDENT SERVICES WINDOWS.
4. If you are an International Student, turn in form to the ISSP Office, Joyal 211.

### PART I: TO BE COMPLETED BY OLD MAJOR DEPARTMENT

- |  |  |
|--|--|
| <input type="checkbox"/> Sent to new major department                | <input type="checkbox"/> Intra-office change |
| <input type="checkbox"/> Student had carried to new major department | <input type="checkbox"/> Do not have folder  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PART II: TO BE COMPLETED BY NEW MAJOR DEPARTMENT

- Consulted faculty advisor/departmntal designee regarding major requirements.
- Reviewed specific courses outside major (i.e., GE and additional courses required).

I have reviewed the major requirements as well as courses outside the major with the student. He/She understands the requirements and is prepared to complete a major in: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Advisor/Dept. Designee Signature

### PART III: TO BE COMPLETED BY STUDENT AND RETURNED TO THE ADMISSIONS AND RECORDS OFFICE - STUDENT SERVICES WINDOWS. EXCEPT...

- International Student - Turn in form to ISSP Office, Joyal 211.
- If you have applied for graduation, turn in form to the Evaluations Office, Joyal 115.

Name \_\_\_\_\_  
Last First Middle Maiden

Permanent Address \_\_\_\_\_  
Number and Street City State Zip Code

Local Phone \_\_\_\_\_ Campus e-mail \_\_\_\_\_

Student I.D. Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

**OLD Major** \_\_\_\_\_ **NEW Major** \_\_\_\_\_  
Descriptive Title Descriptive Title

Indicate option if applicable \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

OLD PS Code \_\_\_\_\_ NEW PS Code \_\_\_\_\_

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