

GRADUATE CHANGE OF MAJOR

Name: _____ Signature: _____ Date: _____

PID: _____ Effective Semester: _____

Is authorized to transfer from:

College	Major	Status	Degree
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To:

College	Major	Status	Degree
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Approve _____	Disapprove _____
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Faculty Advisor Signature Date: _____

Approval of Old Department

Department Chair or Grad Coordinator Date: _____

Approval of New Department

Department Chair or Grad Coordinator Date: _____

Approval of College

Assistant/Associate Dean Date: _____