

MAJOR CHANGE

Name _____ Student I.D. Number _____
Last First Middle Class _____

Desires to make the following major change:

DROP _____

Advisor Signature

ADD _____

Advisor Signature

Date _____

* Please return all three copies of this form to the Registrar's Office.

- White - Registrar's Office
- Yellow - Major Advisor (Drop)
- Pink - Major Advisor (Add)