

REQUEST to CHANGE OF MAJOR or DECLARE A SECOND MAJOR (Circle one)
Master's Degree ONLY

Date: _____ **Effective Semester:** _____ **ID#:** _____

Name: _____
(Last) *(First)* *(Middle)*

Do you plan to complete degree in current program? YES _____ NO _____

Current Program: _____ **Degree:** _____

New Program: _____ **Degree:** _____

Current Address: _____
(Street)

(City) *(State)* *(Zip)*

(Telephone Number)

PLEASE NOTE: This form is for master's level changes ONLY. Please contact the Graduate School for doctoral and specialist Change of Major forms.