

Enrollment Services
CHANGE OF MAJOR FORM

FIRST NAME: _____ LAST: _____ MICA ID#: _____

Level (circle one): Freshman Sophomore Junior Senior Post-Bac. Graduate

E-MAIL: _____ PHONE: _____

CURRENT MAJOR: _____ NEW MAJOR: _____

REASON FOR CHANGE OF MAJOR:

Signatures of Acknowledgement:

Student: _____ Date: _____

Chair of **Current** Major: _____ Date: _____

Chair of **New** Major: _____ Date: _____

*Please submit completed form to Enrollment Services, Bunting Center, Second Floor. For proper advisement and scheduling, the Change of Major form must be received by Enrollment Services, at least **two weeks prior** to registration for the subsequent semester. After that time, registration priority will be based on current major.*

 Semester/Year Change Effective

 Academic Advising Signature Date

For Office Use Only:

____ Entered in Peoplesoft

____ Advisor Updated

____ New portal degree plan

____ Old portal degree plan inactivated