WESTERN CONNECTICUT STATE UNIVERSITY
Undergraduate
Application for Change of Major/Double Major/Change of Option

Check One: ☐ Change of Major ☐ Double Major ☐ Change of Option

ID. #___ ___ ___ ___ ___ ___ ___ ___

Last Name _____ First Name _____ Middle Initial _____

Address _____ E-Mail _____ Phone _____

I request a change of major/option *from* _____ : _____
Major Option *(if applicable)*

to (or second major): _____ : _____
Major Option *(if applicable)*

If double major, my primary major is: _____
Primary Major

A degree will be awarded only in the primary major. Satisfactory completion of my second major will be noted on my permanent academic record.

Student Signature _____ _____
Date

I approve this change/addition: _____ _____
New Dept. Chairperson Date

To be Completed by New Department Chairperson

The above student has been assigned to the following faculty member for academic advisement:

PRINT: Last Name _____ First Name _____

RETURN COMPLETED FORM TO REGISTRAR'S OFFICE
A second copy must be sent to the Department Chair of Original Major