## UNDERGRADUATE CHANGE OF MAJOR, SECOND MAJOR, MINOR, CONCENTRATION, OR CERTIFICATE



SECTION A (Completed by student--please print CLEARLY or type)

Name (	(Last)	(Preferred First	Name) (Midd	le) CSU ID	Date
	Student signature	Cur	rent Major	Pr	onouns (Optional)
Class (	earned credits): 🛘 Freshman	(0-29) 🗆 Soph	omore (30-59)	☐ Junior (60-89	) □ Senior (90+)
	NOTE: Complete separa	te form for each aca	ademic departn	nent approving cha	anges.
	ON B: (Completed by new depar ON REQUESTED:				RTIFICATE TITLE
ACTIC		WAJOR, WIINO	K, CONCENT	KATION, OR CER	CIIFICATE IIILE
	Change 1 <sup>st</sup> major to				
	Add/Change 2 <sup>nd</sup> major to				
	Add/Change 3 <sup>rd</sup> major to				
	Add concentration(s) of	<del></del>			
	Add concentration(s) of				
	Add minor of				
	Add certificate of				
New a	cademic department approva	al for the changes	requested ab	ove:	
			requested an	0.0.	
		<b>9</b>	requested as	<b></b>	
FROM					address
FROM	l:	nrtment	·	Campus	
FROM	l: Academic depa	nrtment	·		
FROM	l: Academic depa	nrtment	·	Campus ep. – Printed Nam	
FROM	l: Academic depa equested change as shown al	nrtment bove is approved:	Department R  Department S	Campus ep. – Printed Nam ignature	Phone #
The re	Academic departure of the completed by student if a val needed for the changes re	ortment  pove is approved:  pplicableplease presented below:	Department R  Department S  int CLEARLY of	Campus ep. – Printed Nam ignature or type). No acade	Phone #  Date  emic department
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The res	Academic departure of	pplicableplease prequested below:  MAJOR, MINC	Department R Department S rint CLEARLY o	Campus ep. – Printed Nam ignature or type). No acade	Date  Phone #  Date  Emic department  RTIFICATE TITLE

Note: This form must be returned, when approved, to the Office of the Registrar (Centennial Hall), 1063 Campus Delivery, to be effective. The new department should request the student's advising file from the former department.