Western Connecticut State University
Application for Change of Major/Double Major

Check One: _____ Change of Major

_____ Double Major

___ ___ ___ - ___ ___ - ___ ___ ___ ___ _____ _____
Social Security Number Last Name First Name

I request a change of major ***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 (space) First Name

COMPLETED FORM MUST BE SENT TO THE REGISTRAR'S OFFICE
A second copy must be sent to the DEPARTMENT CHAIR OF ORIGINAL MAJOR

Approved 2/11/03