

## **Application for Change of Major**

I hereby announce my intent to change my academic program. I wish to change my major:

From:				
То:		<u> </u>		
_	laring HuMed Track (English, Hist VA Education Benefits	tory, or Liberal Stu	dies majors only)	
new major, including	olications of this change an g the University Core requir the College Documents as o	rements, as des		
Health Professions w	tempting to change their n vill need to complete an add r further information on thi	ditional process		
Student's Name: (Please Print)			_	
Student's Signature:			_Date:	
Personal Ref # (PRN):		Campus:	☐ Biddeford	or
Email Address:		Class of:		
Phone Number:			_	
Please check with your immunization requiren	new advisor/department cha nents.	air/program dire	ctor regarding any	y special
New Major	Approved Di	sapproved		
Department Chair/Prog	gram Director Signature:		Date:	:
Name of New Assigned (Please Print)	Advisor:			
	ure:	ew Department an	Date: d/or Advisor.	:
	If HuMed, add attribute	e Use Only: Update Grad Yea	r	

REGISTRAR'S OFFICE