



Application for Change of Major

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

FROM: _____

TO: _____

I understand the implications of this change and agree to fulfill all of the requirements of the new major, including the University Core requirements, as described by the Department Chair and/or published in the College documents as of this date.

Note: Any student applying to the COM 3-4 program or the CHP 3-2 PA program must make an appointment with a UNE Admissions Representative, and must obtain Admissions Representative's signature. Any student applying to the Nursing program or Dental Hygiene program, must obtain an Admissions Representative's signature.

Student's Name: _____ Date: _____

Student's Signature: _____ Date: _____

Personal Ref # (PRN): _____ Campus: **U or W**
(Please Circle one)

Local Address: _____ Class of _____

_____ Phone: _____

Please check with your new advisor/department chair/program director regarding any special immunization requirements.

New Second Major _____ Approved _____ Disapproved _____

Department Chair/Program Director Signature: _____ Date: _____

Name of Assigned Advisor: _____

Former Department: _____ Acknowledged _____

Current Dept. Chair/Program Director Signature: _____ Date: _____

**Please forward all necessary advising paperwork to the new Department*

Date: _____

Current Advisor Signature: _____

Please return completed form to either campus:

University Campus
Registrar's Office
Decary Hall, Room 114

Westbrook Campus
Student Registration & Financial Services
Hersey Hall, Room 108