



CHANGE OF MAJOR FORM (Undergraduate Matriculated Students ONLY)

EMPLID: _____

Last Name: _____ First Name: _____

Address: _____

City _____ State _____ Zip Code _____ Tele # _____

Email address: _____

Current Major: _____ Change Major To: _____

Briefly explain your reason for a change of major: _____

Signature of Student: _____ Date: _____

Signature of Advisor: _____ Date: _____

___ Approved by Receiving Department Chair ___ Denied by Receiving Department Chair

Receiving Department Chair Signature: _____ Date: _____

Approval of department chair is required. Changes of Major will take effect at the start of the semester following approval by receiving department chair

Once you have completed this form, please email it to registrar@slu.cuny.edu

For Administrative Use Only

Approval Authority

Signature of Department Representative

Date

Effective Term