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## **CHANGE OF MAJOR FORM**

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Date:

## \* STUDENT MUST SEE CURRENT ADVISOR FOR SIGNATURES \*

NAME (LAST)	FIRST			MIDDLE		
☐ FRESHMAN ☐ SOPHOMORE ☐ JUNIOR	☐ SENIOR					
STUDENT'S SIGNATURE		DATE			***************************************	
LOCAL ADDRESS	CITY			STATE	ZIP	
STUDENT CELL PHONE NUMBER			WALSH CAMPUS BOX NUMBER			
WALSH ID NUMBER/SOCIAL SECURITY NUMBER;						
CURRENT PROGRAM			NEW PROGRAM			
CURRENT MAJOR		NEW MAJOR				
CURRENT ADVISOR		NEW ADVISOR (TO BE ASSIGNED BY NEW PROGRAM DIVISION CHAIR)				
CURRENT ADVISOR SIGNATURE			SIGNATURE OF DIVISION CHAIR			
FOR OFFICE USE						

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