

**SAINT JOSEPH'S UNIVERSITY
CHANGE OF MAJOR**

CHECK ONE:

COLLEGE OF ARTS AND SCIENCES

UNIVERSITY COLLEGE

HAUB SCHOOL OF BUSINESS

GRADUATE PROGRAM

(Parts 1, 2, 3, 4 and 5 must be completed)

(Complete parts 1, 2 and 3 only)

1. DATE: _____

STUDENT NAME: _____

IDENTIFICATION NUMBER:

COLLEGE: Arts and Sciences/
Haub School of Business Students University College Student Graduate Programs Students

CLASS LEVEL: Freshman Sophomore Junior Senior Other

2. I request a change in major from _____ to _____

for the following reasons: _____

This is my ____ change of major in ____ years (or semesters)
(1st, 2nd, etc.)

Signature of the Student

3. Request has been discussed with the student and is recommended _____
not recommended _____.

Comments: _____

Present Dept. Chairperson (day students)
Or Academic Advisor (evening & grad programs)

Day Students Only:

4. Request had been discussed with the student and is recommended _____
not recommended _____.

Comments: _____

Department Advisor: _____

Prospective Department Chairperson

Day Students Only:

5. Request has been approved _____ not approved _____.

Comments: _____

*Associate Academic Dean
(Effective Date of Changing)

*Associate Academic Dean of the college in which the student will be enrolled as a result of this change of major.