Change of Major Form

Name:_____ Identification Number:_____

E-Mail Address:_____ Telephone Number:_____

Students: Fill in information to update, add, or delete in your declared academic program.

Current Information	New Information
College 1:	College 1:
College 2:	College 2*:
Major 1:	Major 1:
Major 2:	Major 2:
Option 1:	Option 1:
Option 2:	Option 2:
Minor 1:	Minor 1**:
Minor 2:	Minor 2**:

*Optional **Requires Minor College Signature_____

Degree Type:___BS___BA Degree Type:___BS___BA

Notes:_____

_____

_____

FORMS SUBMITTED UP TO ONE WEEK PRIOR TO THE START OF THE TERM WILL BE PROCESSED FOR THAT TERM. ALL OTHER CHANGES WILL BE EFFECTIVE FOR THE NEXT TERM.

Student's Signature:_____Date:_____

New College Advisor Approval:_____Date:_____

Complete and Return to Enrollment Services, Cascades Hall, Rm 223

Oregon State UNIVERSITY OSU Cascades CAMPUS

2600 NW College Way

Bend, OR 97701 (541) 322-3100