



**DEGREE/ MAJOR CHANGE FORM**

**Student Information:**

Name \_\_\_\_\_

Student ID # \_\_\_\_\_

Current Address \_\_\_\_\_

Last Semester/Year Attended \_\_\_\_\_

**Current Student Degree/Major Program:**

Degree/Major Program \_\_\_\_\_

College/ Department \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_

**New Student Degree/Major Program:**

Degree/Major Program \_\_\_\_\_

College/ Department \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_

Authorizing Signature(s): \_\_\_\_\_

Authorizing Signature(s)  
Department chair for AHS  
Associate Dean for NSG  
-Associate Dean / Dean for  
Graduate Studies  
-  
2 signatures required for Graduate Nursing

\_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

College /Dept. \_\_\_\_\_

Date \_\_\_\_\_