

Catalog Year \_\_\_\_\_

Catalog Year \_\_\_\_\_

\_\_\_RETURNING

\_\_\_NEW

\_\_\_ACCEPT

\_\_\_REJECT

If rejected, please state reason for rejection:

CONDITIONS: (If any)

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Chairman's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

A copy of this form will be sent to the Registrar's Office for change of major when approved, and a copy will be sent to your new department.