Change Request
Major/Concentration/Minor/Catalog Term

Student Last Name: ____________________________________________

DSU ID#: ___________________ Email Address: _________________________ Cell: _________________________

1. **Current Major:** (Student completes applicable information below with current student data. Current advisor signature required.)

   Program Code: _______________   Major: _______________   Concentration: _______________
   Minor: _______________   Catalog Term: _______________
   Advisor Name: _______________   Advisor Signature: ___________________________   Date: _______________

   *Advisor verifies that student plans to change current major. Advisor gives student copy of student’s advising record.

2. **New Major Requested:** (Student completes applicable information below for updated student data.)

   Effective Term for Change(s): ____________   Program Code: _______________   Major: _______________
   Concentration: _______________   Minor: _______________   Catalog Term: ____________

   By signing below, I certify that all information above is true and correct to the best of my knowledge. I understand that any falsified or omitted information may result in a delay of graduation. If a new advisor is assigned, I will follow-up and make an appointment to meet with them.

   Student Signature: ___________________________   Date: _______________

3. **Officially Change Major:** (Student changes major in Dean’s Office of the New Major)

   ___College of Arts & Sciences, Kethley Hall Suite A, 662-846-4100
   ___College of Business, Broom Hall 174, 662-846-4200
   ___College of Education & Human Sciences, Ewing Hall 326, 662-846-4400
   ___Robert E. Smith School of Nursing, Nursing Bld. 137, 662-846-4268

   Effective Term: ____________   Program Code: _______________   Major: _______________
   Concentration: _______________   Minor: _______________   Catalog Term: ____________

   *Dean’s office adds applicable information in Banner, including Catalog Term and Program Code. Submit copy of form to the Registrar’s Office, Kent Wyatt Hall 152.

   Dean’s Representative: ___________________________   Signature: ___________________________   Date: _______________

4. **Request New Academic Advisor:** (See department secretary of new major to request new advisor. Department Secretary will make copy of form for student and forward to new advisor for signature.)

   New Advisor Name: ____________________________________________

   Dept/Division Secretary Signature: ___________________________   Date: _______________
   New Advisor Signature: _______________________________________   Date: _______________