

Student Last Name: \_\_\_\_\_  
Last First Middle  
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.

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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.*

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_