SAINT JOSEPH'S COLLEGE

278 WHITES BRIDGE ROAD, STANDISH, MAINE 04084
Registrar's Office (207) 893-7798

REQUEST FOR CHANGE OF or DECLARATION OF MAJOR

NAME OF STUDENT: _____

STUDENT ID (SS)#: _____ GRADUATING CLASS of 200___

I REQUEST PERMISSION TO DECLARE ☐ OR CHANGE ☐ MY MAJOR:

FROM [CURRENT MAJOR]: _____

TO [REQUESTED MAJOR]: _____

REASON FOR THIS REQUEST: _____

_____

_____
SIGNATURE OF STUDENT **DATE**

REQUIRED SIGNATURES

_____ _____
CHAIR OF REQUESTED MAJOR (Approval of) * DATE

_____
NAME OF **ADVISOR TO BE ASSIGNE**D IF RECOMMENDING APPROVAL

_____ _____
CHAIR OF CURRENT MAJOR (Informational) DATE

_____ _____
REGISTRAR (Approval of) DATE

THIS CHANGE OF MAJOR IS NOT OFFICIAL UNTIL THIS COMPLETED REQUEST FORM HAS BEEN RECEIVED BY THE REGISTRAR'S OFFICE

RECEIVED: Date: PROCESSED BY: **KJP** **LMM** **AER**