



# Request for Change of Major

Please Print:

\_\_\_\_\_  
Name

\_\_\_\_\_  
CCM ID #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
City State Zip

**Request to Change Major:**

From: \_\_\_\_\_ # \_\_\_\_\_  
Current Major

To: \_\_\_\_\_ # \_\_\_\_\_  
New Major

**\*\*Students are required to follow the degree requirements in effect at the time of matriculation, not those in effect at the time of initial enrollment at CCM\*\***

Did you attend another college?    ( )Yes    ( )No

**\*\*If yes, please list names of college(s) attended so we can re-evaluate your transfer credits\*\***

**Previous College(s) Attended:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor's Signature  
(Signature of advisor in new major is required)

\_\_\_\_\_  
Date

\*\*\*\*\*

**Records and Registration**

( ) Approved

( ) Not Approved

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Records and Registration Signature

\_\_\_\_\_  
Date