

**WILLIAM CAREY UNIVERSITY
OFFICE OF THE REGISTRAR**

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CHANGE OF MAJOR/MINOR/CONCENTRATIONS FORM

STUDENT'S NAME _____ SSN _____
DATE _____ ID _____
STUDENT'S SIGNATURE _____ (REQUIRED)

CHANGE OF MAJOR

PREVIOUS MAJOR _____ ADVISOR _____
NEW MAJOR REQUESTED _____ ADVISOR _____

CHANGE OF MINOR

PREVIOUS MINOR _____ ADVISOR _____
NEW MINOR REQUESTED _____ ADVISOR _____

CHANGE OF CONCENTRATION(S)

PREVIOUS CONCENTRATION
(1) _____ ADVISOR _____

NEW CONCENTRATION REQUESTED _____ ADVISOR _____

PREVIOUS CONCENTRATION
(2) _____ ADVISOR _____

NEW CONCENTRATION REQUESTED _____ ADVISOR _____

Upon completion of this form, please return it to the Registrar's Office via fax, email (scanned), or in person to the front counter. Thank you!