

**WILLIAM CAREY UNIVERSITY
OFFICE OF THE REGISTRAR**

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CHANGE OF MAJOR/MINOR/CONCENTRATIONS FORM

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

CHANGE OF MAJOR

PREVIOUS MAJOR _____ ADVISOR _____
(Signature)
NEW MAJOR REQUESTED _____ ADVISOR _____
(Signature)

CHANGE OF MINOR

PREVIOUS MINOR _____ ADVISOR _____
(Signature)
NEW MINOR REQUESTED _____ ADVISOR _____
(Signature)

CHANGE OF CONCENTRATION(S)

PREVIOUS CONCENTRATION
(1) _____ ADVISOR _____
(Signature)
NEW CONCENTRATION REQUESTED _____ ADVISOR _____
(Signature)
PREVIOUS CONCENTRATION
(2) _____ ADVISOR _____
(Signature)
NEW CONCENTRATION REQUESTED _____ ADVISOR _____
(Signature)

Complete the form above; have your advisor(s) initial or sign on the appropriate advisor(s) line(s), and return the form to the Registrar's Office for data input.