Saint Joseph’s University
Undergraduate Day Student Major Request Form

This form is to be used by SJU Day Students to declare a major or to change their major.

Date: ____________  Current Term: ____________  Class Year: ____________

Student Name: ____________________________  Student ID #: ____________

1. Completed by the Student

I request a change in major from ____________________________ to ____________________________

If a GEP student, list the ILCs completed for your current major (enter N/A if none are completed):

1. 

2. 

3. 

Student Signature: ____________________________  Date: ____________

2. Completed by your ADVISOR (if currently an undeclared major) or Current DEPARTMENT CHAIR (if currently in a declared major)

Request has been discussed with the student and is ☐ recommended  ☐ not recommended

Comments: ____________________________

Signature of Advisor/Current Department Chair: ____________________________  Date: ____________

3. Completed by the Prospective Department Chair

Request has been discussed with the student and is ☐ recommended  ☐ not recommended

Comments: ____________________________

☐ Curriculum Requirements for the major have been reviewed with the student

☐ Name of the new Major Advisor who has been assigned: ____________________________

☐ For GEP students: If a student has completed the ILCs for the first major, s/he will not be required to complete ILC courses for the new major except in instances where the ILCs are considered essential to the new major and/or are pre-reqs for other courses. ILCs completed for the original major are noted above. If a student has additional ILCs to complete for the new major, please list them below:

1. 

2. 

3. 

Signature of Prospective Department Chair: ____________________________  Date: ____________

4. Approval from the College in which the student will major

* Students declaring a major in the CAS may drop off this form in the CAS Advising Support Center (BL 117)

* Students declaring a major in the HSB may drop off this form in the William F. Leahy Advising Center (MV 150)

Request has been ☐ approved  ☐ not approved

Comments: ____________________________

Signature: ____________________________  Effective Date of Change: ____________

For Office use only:

☐ Advisor information updated in Banner?  Effective date entered: ____________

The original completed form is returned to Hawk Central (BL 121). Please keep a copy for your records.