Saint Joseph's University

College of Professional & Liberal Studies

Change of Major Form

This form is to be used by a College of Professional Liberal Studies student who is applying for permission to change from one major to another within the University. After approval signatures are obtained, forward to the Office of Registrar, Hawk Central, Barbelin 121.

Student Information

Name: ___________________________________ Date: ______________________

Student Identification Number: ____________________________

Home Address: __________________________________________

City __________________________ State ______ Zip ______ Phone # __________

Class Level: □ Freshman □ Sophomore □ Junior □ Senior □ Other

I request a change in major from __________________________ to __________________________

for the following reasons: __________________________________________________________

____________________________________________________________________________________

This is my ___________ (1st, 2nd, etc.) change of major in ____________ years (or semesters).

Student signature: __________________________________ Date: ______________

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

Comments: _________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Academic Advisor signature: __________________________________ Date: __________

Please note: If student is changing major to a Bridge degree program, forward copy of this form to the respective department chair.