SAINT JOSEPH’S UNIVERSITY
Change of Major Request Form

Ervan K. Haub School of Business
Degree Completion Program, Mandeville 280
Return completed forms to MV 280, haubadult@sju.edu, or fax to 610-660-1599

Student Information

Name: ____________________________________________ Date: __________________________

Student Identification Number: _________________________________

Home Address: _____________________________________________

City: ___________________ State: ______ Zip: ___________ Phone # _________________

Class Level: ___ Freshman ___ Sophomore ___ Junior ___Senior ___ Certificate Student

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 student and _____ is recommended _____ not recommended

Comments: __________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Academic Advisor/Program Director Signature: ____________________________ Date: ______________