



REQUEST FOR CHANGE OF MAJOR

Fax Request to 205-856-8091 or email to records@jeffesonstate.edu

Student #

Date of Birth

FOR OFFICE USE ONLY			
Received:		Processed:	
		Initial:	

Print Full Name _____ Phone _____

Address _____

Major/Program of Study: _____ Appropriate Major code: _____

(Please see the College Catalog for a List of Majors and Codes)

PURPOSE OF ENROLLMENT: Place an X next to your choice

_____ Two-year non-transfer degree (A.A.S.)

_____ Two-year transfer degree to four-year institution (A.A. or A.S.)

Are you receiving financial aid? _____ Yes, _____ No

Term and year that major change should take place: Fall _____ Spring _____ Summer _____ Catalog year: _____

Have you applied for Graduation? _____ Yes _____ No If yes, what term? _____

Signature _____

Date _____

NOTE: FORMS THAT ARE INCOMPLETE AND WITHOUT THE STUDENT'S SIGNATURE WILL NOT BE PROCESSED!

Jefferson State does not discriminate on the basis of race, color, national origin, sex, disability, or age in its admissions, programs and services in compliance with Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title IX of the Educational Amendments of 1972, and the Americans with Disabilities Act of 1990.