Request to Change Major/Minor/Concentration
For Undergraduate Students
Office of the Registrar

Undergraduate students who wish to make changes to their current academic plan may use this form. Only submit this form if you are an admitted student with active status. This form cannot be used to declare a Nursing major; the department will submit the request on your behalf once they admit you into the program. Graduate students cannot use this form to change their major or concentration.

Instructions: Complete this form and obtain all necessary approval signatures if you are adding or changing your major, minor, or concentration. No signature/stamp is required to cancel a major/minor/concentration.

Phone: ____________________________ Net ID: ____________________________

Name: __________________________________________
Last First Middle

Student Signature (Required): __________________________________________ Date: __________

Indicate the Requested Change to Your Academic Plan

PRIMARY MAJOR
Former major: __________________________________________
New major: __________________________________________ (check one): □ BS □ BA □ BFA

SECOND MAJOR
□ ADD □ CANCEL Second Major: __________________________ (check one): □ BS □ BA □ BFA

CONCENTRATIONS
□ ADD □ CANCEL Concentration: __________________________
□ ADD □ CANCEL Concentration: __________________________

MINORS
□ ADD □ CANCEL Minor: __________________________
□ ADD □ CANCEL Minor: __________________________

Department Authorization - required to add or change to a new major/minor/concentration, not to cancel one.

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<th>Department Signature</th>
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Undergraduate students with 105 earned semester units or more are required to obtain the signature approval of the Dean of Academic Programs and Services (APS) in addition to the major department signature and stamp.

Do you have 105 earned semester units or more?

□ NO – Submit form with approval signature/stamp in person to the Enrollment Information Center in the SA Bldg (Hayward) or the Academic Services Lobby (Concord); Fax to 510.885.3816 or E-mail to reg@csueastbay.edu

□ YES – Complete section below providing explanation for request and submit form with department signature and stamp to Academic Advising & Career Education (AACE), SA Bldg, 2nd floor, for approval of the Dean of Academic Programs and Services (APS).

Briefly explain reason for changing major/minor/concentration on the back of this request.

Decision by Dean of APS: □ Approved □ Not Approved  Dean Signature: __________________________

For Registrar Office Use Only: □ Approved □ Not Approved  Processed by: __________________________ Date: __________

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