

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: ____ 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 □ ADD □ CANCEL Minor: **Department Authorization** - required to add or change to a new major/minor/concentration, not to cancel one. **Department Signature Department Stamp** 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: __