CABARRUS COLLEGE OF HEALTH SCIENCES

Affiliate of NorthEast Medical Center

REQUEST FOR CHANGE OF MAJOR

IN ORDER TO OFFICIALLY CHANGE MAJORS, THE STUDENT MUST FOLLOW THESE STEPS:

1. Schedule counseling session with current academic advisor.
2. Obtain REQUEST FOR CHANGE OF MAJOR form.
3. Obtain current academic advisor's signature.
4. Meet with Financial Aid office. (by appointment, please)
5. Meet with program chair for desired major. (by appointment, please)
6. Complete admission requirements for desired major, as applicable.

If a request for change of major is approved by the Program chair, the change is facilitated by the Registrar.

Requests for change of major are considered on a space available basis.

ADMISSION INTO ONE PROGRAM DOES NOT GUARANTEE ADMISSION INTO ANOTHER.

Student's Name:	
Student's SS#:	
Current Major:	
Desired Major:	

	Required Signatures	**Date**
Student:		
Current Academic Advisor:		
Financial Aid Office Signature:		

For Administrative Use Only

Request approved: _____ Request Denied: _____
(New Program Chair) (New Program Chair)

New Academic Advisor: _____

cc:

- ☐ Registrar
- ☐ Administrative Dean
- ☐ Student File
- ☐ Prior Academic Advisor
- ☐ New Academic Advisor
- ☐ College Secretary
- ☐ Prior Program Chair
- ☐ New Program Chair
- ☐ Admissions Director