CHANGE OF MAJOR/MINOR FORM
UNDERGRADUATE STUDENTS ONLY
*GRADUATE STUDENTS MUST INITIATE CHANGE OF PROGRAMS THROUGH GRADUATE ADMISSIONS*

Effective Term: ____________________________ (Specify)

(Please Print)
NAME: ___________________________________    UNC CHARLOTTE ID: 800

Last         First         Middle

ADVISOR'S SIGNATURE: (College of Education only) ____________________________ DATE: __________

Seniors only: Have you applied for graduation?    [ ] Yes    [ ] No    Cumulative GPA: _________

ADD:
DEGREE: _______ MAJOR: _______ CONCENTRATION: _______ SIGNATURE: Chairperson Date

DEGREE: _______ MAJOR: _______ CONCENTRATION: _______ SIGNATURE: Chairperson Date

MINOR: _______ SIGNATURE: Chairperson Date    MINOR: _______ SIGNATURE: Chairperson Date

NOTE TO DEPARTMENTS:
Please reassign advisors as necessary.

DROP:
DEGREE: _______ MAJOR: _______ CONCENTRATION: _______ Signature not required.

DEGREE: _______ MAJOR: _______ CONCENTRATION: _______ Signature not required.

MINOR: _______ _______ _______ Signature not required.

RETURN COMPLETED FORM WITH ALL NECESSARY SIGNATURES TO THE OFFICE OF THE REGISTRAR.