

## MAJOR CHANGE REQUEST

To change your Major, please complete the information below. Take this completed form to the department of your new Major for signature and new advisor assignment. Submit this completed form to the Registrar's Office, located in the Fletcher Center for Student Services.

NAME:		STUDENT ID:	
PLEASE PRINT	Last Name	First Name	
	nding LSSU as an F-1 Statu nding LSSU as a Veteran of	s Student (carry a SEVIS I-20 Form)?	
☐ MA.	IOR CHANGE		
Are you?	☐ Adding an Addition	nal Major 🛛 Replacing Your Cur	rrent Major
	☐ Adding Additional	Information to Current Major (i.e.	. Concentration or Minor)
	☐ Removing the Foll	owing Major or Minor	
New Majo	or: □ BS □ BA	☐ Associate ☐ Certificate	
Major(s):			
Minor(s):			
Concentra	ntion(s):		
What Semester/Year do you expect to graduate?			
		<u> </u>	
□ EFF	ECTIVE TERM C	HANGE (For Degree Audit &	General Education)
change my		ments) or elect to enter his/her new progr	rogram's general education requirements (do not ram of study using Lake Superior State
New Effec	tive Term for Degree	Audit:	
Selected G	General Education Rec	uirements: Do not change my ger	neral education requirements
			eneral education requirements
STUDEN	NT SIGNATURE:		
STODE	II SIGNATURE.	I AUTHORIZE THE CH	ANGES LISTED ABOVE
CHAIR	SIGNATURE:		
			New Advisor Assigned by New Department
<b>EDUCA</b>	TION MAJORS (E	ducation Students Only):	
			Education Dean
Stud	Term:ent Type N T R C		Advisor
Prior	rities correct New Program	Graduation Date	Gen Eds Processed