

### CHANGE OF MAJOR

Name \_\_\_\_\_

Anticipated Graduation \_\_\_\_\_

Student ID#: \_\_\_\_\_

Change From \_\_\_\_\_  
Major

Minor/Specialization/Area Study (if applicable)

To \_\_\_\_\_

Minor/Specialization/Area Study (if applicable)

Reason for Change of Major \_\_\_\_\_

Are you a varsity Daemen College athlete? \_\_\_\_\_ If yes, this form will not be processed unless signed by the Faculty Athletic Representative or the Director of Compliance:

\_\_\_\_\_  
Prof. Bridget Niland or Director Theresa Joyce

\_\_\_\_\_  
Signature of Previous Chairperson/Program Director

\_\_\_\_\_  
Signature of New Chairperson/Program Director

\_\_\_\_\_  
HEOP/Vision Program Officer's Signature (if applicable)

NOTE: A change of major will be effective ONLY after this form has been signed by the Chairperson/Program Director and returned to the Office of the Registrar.

For use by the Office of the Registrar: Form processed/received on _____ By _____
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