

CHANGE OF MAJOR

Name: _____ Student ID#: _____

- Declaring a Major For Undeclared Students
Must have the new Department Chair's signature
- Change of Major For Students changing Major
Must have the new Department Chair's signature
- Transferring Concentration For Students changing Concentrations within their Major
Must have the Department Chair's signature
- Update Catalog Year For students who would like to be on the current years catalog

New Major: _____

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 The student named above has transferred in to the _____ department
 with a concentration in _____, effective as of the _____ semester.
 His/Her/Their previous Major/Concentration was: _____

Based on a review of the student's Academic Evaluation (Degree Audit), the following credits have been awarded.

Prior Department Courses fulfills the requirements for **New Department Course**

	=	
	=	
	=	
	=	

Student Signature / Date

Department Chairperson Signature / Date

New Faculty Mentor Name is: _____ Entered in Colleague

FOR OFFICE USE ONLY:
 Changed in Academic Records by: _____ (date) _____
 Emailed Student on Date: _____

Return this form to:
 Karen LaDucer, Registrar
 Academic Advising & Registration Office
 College for Creative Studies
 201 East Kirby Street, Detroit, MI 48202
 Phone: (313) 664-7672