

Change of Major Request Form

This form is to be used by international students who are changing majors. You must meet with the International Student Advisor to submit this request.

_____ N _____
CCS Student ID # SEVIS ID #

Family name: _____

Given name: _____

Email: _____ Telephone: _____

Date of Birth: _____

Number of F-2 Dependents: _____

Current Major (as listed on current I-20): _____

New Major: _____

Date Major was changed: _____

Important.

- You **must** be enrolled in the program listed on your I-20.
- A change in academic program requires a new I-20. Failure to obtain an I-20 that matches the active program on your academic transcript will result in a violation of immigration status.

Read the statement below, sign and date. An electronic signature is acceptable.

I certify that I have read the request form instructions and information in full, and to the best of my knowledge, the information I have provided is accurate. I understand that I will be billed for CCS health insurance (Student Assurance.) I also understand that I must report address changes within 10 days of any change in current (US) or permanent (out-of-US) address.

Signature _____ **Date** _____

Changed in Academic Records By: _____

Date: _____

Emailed Student On Date: _____

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
- Upgrade Catalog Year For students who would like to be on the current years catalog

New Major: _____

The student named above has transferred in to the _____ department
 with a concentration in _____, effective as of the _____ semester.

His/Her previous Major/Concentration was: _____.

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

<u>Prior Department Courses</u>	fulfills the requirements for	<u>New Department Course</u>
_____	=	_____
_____	=	_____
_____	=	_____
_____	=	_____

Student Signature/Date	Department Chairperson Signature/Date
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New Faculty Mentor Name is: _____ Entered in Colleague

Return this form to:
 Karen LaDucer - Assistant Registrar
 Academic Advising & Registration Office
 College for Creative Studies
 201 East Kirby Street, Detroit, MI 48202
 Phone: (313) 664-7671