



The Graduate School

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Change of Major Form

Date: _____

Student Name: _____ Student ID: _____

Email address: _____ Phone: _____

The student shown above is requesting a change in his/her major:

From: M.S./ MPH/ Ph.D. in _____

To: M.S./ MPH/ Ph.D. in _____

Title	Date	Signature
Department Head/Program Director where the student departs from.		
Department Head/Program Director accepting the student.		
Dean of the Graduate School		

cc: Applicant, Student, Program Directors, Deans, Registrar