



OFFICE OF RECORDS

CHANGE OF MAJOR FORM

This form can be filled out with Adobe Acrobat and then printed for signatures. Students who wish to make major/curriculum change must secure *all signatures* on this form. This form is applicable for all students. Any questions may be directed to the Office of Records or records@qatar.tamu.edu

Proposed change is effective as of today's date, _____ effecting course registration for the following semester _____.

Student UIN _____

Student's Name (please print)

Last First Middle

I understand that the requirements for my degree are specified in catalog number _____

Student's Signature: _____ Date: _____

***** You must obtain all of the following signatures: *****

1. TO:
Proposed Future Major/Curriculum

Program Chair: _____ Date: _____

2. FROM:
Current Major/Curriculum

Program Chair: _____ Date: _____

This section required for Sponsored students only.

Are you sponsored? YES NO

3. Name of Sponsor: _____ Date: _____

Academic Services Sponsorship Manager Signature: _____

Comments: _____

4. Academic Advisor's Signature: _____ Date: _____

Printed Name of Academic Advisor: _____

Comments: _____

5. Office of Records

Signature

Date