



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

CHANGE OF UNDERGRADUATE MAJOR/MINOR OFFICE OF ADMISSIONS AND RECORDS (WH 290)

FOR OFFICE USE ONLY PLACE DATE STAMP HERE

STUDENT ID: _____ SIGNATURE: _____

LAST NAME: _____ FIRST NAME: _____

PHONE NUMBER: _____ EMAIL: _____

Have you applied for graduation? [] YES [] NO

If yes, term applied for graduation: [] Spring _____ Year [] Summer _____ Year [] Fall _____ Year

I wish to declare the following new:

Major: _____ Concentration / Option (If Applicable)

Minor: _____ Concentration / Option (If Applicable)

Second Major: _____ Concentration / Option (If Applicable)

Second Minor: _____ Concentration / Option (If Applicable)

PROGRAM / FACULTY MEMBER APPROVAL

MAJOR CHANGE: _____ Major Program/Faculty Member Name Major Program/Faculty Member Signature Date

MINOR CHANGE: _____ Minor Program/Faculty Member Name Minor Program/Faculty Member Signature Date

SECOND MAJOR CHANGE: _____ 2nd Major Program/Faculty Member Name 2nd Major Program/Faculty Member Signature Date

SECOND MINOR CHANGE: _____ 2nd Minor Program/Faculty Member Name 2nd Minor Program/Faculty Member Signature Date

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Table with 2 columns: Processed By, Date Processed