



CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

# CHANGE OF UNDERGRADUATE MAJOR/MINOR

## THE REGISTRAR'S OFFICE

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: \_\_\_\_\_  
*2<sup>nd</sup> Major Program/Faculty Member Name      2<sup>nd</sup> Major Program/Faculty Member Signature      Date*

SECOND MINOR CHANGE: \_\_\_\_\_  
*2<sup>nd</sup> Minor Program/Faculty Member Name      2<sup>nd</sup> Minor Program/Faculty Member Signature      Date*

### FOR OFFICE USE ONLY

Processed By: \_\_\_\_\_

Date Processed: \_\_\_\_\_