VINUNIVERSITY

Office of University Registrar

FRM06. CHANGE OF PROGRAM , CONCENTRATION, MINOR

INSTRUCTION

Approved change of major requests will be effective the following semester if not received in the Registrar's Office by the last day to add classes for the current term.

SECTION A: TO BE COMPLETED BY STUDENTS

Please complete the following:

Name: Student ID#:

Email: Telephone:

Academic Advisor:

Current Program/ College:

Please state the reason for changing:

Student Signature **Date**

Name:

SECTION B: CHANGE OF PROGRAM/ CONCENTRATION/ MINOR

1. Current Program/ Concentration/ Minor:

Program:

Major/ Concentration:

Cumulative GPA:

Academic Standing:

2. New Program/ Concentration/ Minor:

Comments from Faculty Advisor (if any):

Faculty Advisor Signature **Date**

Name:

SECTION C: TO BE COMPLETED BY NEW COLLEGE/ PROGRAM

☐ Approve ☐ Deny

Comments from College's Dean/ Dean's Designee/ Program Director (if any):

Signature **Date**

Name:

FOR OFFICE USE ONLY

Registrar Action:

☐ Updated on SIS
☐ Informed other related departments & students