DELAWARE VALLEY COLLEGE
Office Of The Registrar

STUDENT'S REQUEST TO ☐ **CHANGE MAJOR**

☐ **DECLARE OR CHANGE SPECIALIZATION**

_____
DATE

_____ _____ _____
STUDENT NAME ID NUMBER DATE OF BIRTH

_____ _____ _____
CURRENT MAJOR GPA CMPL CREDS

_____ _____
NEW MAJOR and SPECIALIZATION NEW GRADUATION DATE

I am making this change for the following reason: _____

_____

☐ I am a Transfer student and request a re-evaluation of my off-campus transcript(s).

_____ _____
STUDENT SIGNATURE DATE

Student must obtain the following signatures:

CURRENT DEPARTMENT CHAIR: _____ _____
If declaring or changing Specialization only the Dept. Chair Signature is needed. *DATE*

If changing Major the following signatures are also required:

NEW MAJOR DEPARTMENT CHAIR: _____ _____
DATE

Proposed Advisor: _____
Assigned by the new Major Department Chair

NEW MAJOR DEPARTMENT DEAN: _____ _____
DATE

CONTINUING EDUCATION STUDENTS:

CE DIRECTOR OR CE ADVISOR: _____ _____
DATE

REGISTRAR'S USE ONLY

_____ _____ _____
Entered by Date Catalog Year