



Graduate Change of Major

DATE: _____

STUDENT ID: _____

DATE OF BIRTH: _____

STUDENT NAME: _____

I WANT TO: CHANGE MAJOR _____ DECLARE OR CHANGE SPECIALIZATION _____

Professional Licensure Notification requirement

Students changing into the following programs are required to be notified of the status of the associated certification in their state of residence. As part of the change of major process students changing into the following programs must notify the registrar's office if their permanent address is outside of Pennsylvania. Graduate majors and programs include: Counseling Psychology, Doctor of Education, Graduate Education STEM Specialization, MS Educational Leadership, MS Special Education, Autism Spectrum Endorsement, Certification of School Administration, Certification-Supervisor of Curriculum & Instruction, Supervisor of Special Education Certification, Post-Graduate Superintendent Letter of Eligibility.

I am requesting a change into one of the above listed programs and my permanent address is outside of Pennsylvania:

YES _____ NO _____

CURRENT MAJOR: _____

GPA: _____ COMPLETED CREDITS: _____

NEW MAJOR / 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 a specialization only the Department Chair signature is required

DATE

If changing major the following signatures are also required:

NEW MAJOR DEPARTMENT CHAIR: _____

DATE

PROPOSED ADVISOR: _____

Assigned by the new major department chair

OFFICE OF THE REGISTRAR USE ONLY