



**SAN JOSÉ STATE UNIVERSITY**

# Applying for a Change of Major or Minor Change of Major to Undeclared

◆ Office of the Registrar ◆ One Washington Square ◆ San José, CA 95192-0009 ◆

**Instructions**

1. Please type directly into each field.
2. Retrieve all the signatures required for the section that applies to you.
3. Please submit this form to window "R" (Registrar) in the Student Services Center(SSC).

**IMPORTANT:** Spring'12 admitted students may not apply for a change of major until the first day of instructions, January 25, 2012.

SJSU ID \_\_\_\_\_ Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Mailing Address:**

Street \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Contact Information:**

Phone# \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Type of Degree** e.g. BS, BA, BFA, please specify: \_\_\_\_\_

Current Major/Concentration: \_\_\_\_\_ Current Minor: \_\_\_\_\_

Have you applied for Graduation?  No.  Yes\*, Proposed Graduation Term \_\_\_\_\_ and Year \_\_\_\_\_  
Spring, Summer or Fall 4 digit year

\*Attach an official new approved Major/ Minor form for graduation in a **sealed department envelope**.

For **approval** of your new or added Major/Minor, the following signature(s) is/ are required from your **new** Major/ Minor Department(s).

**Check box(es) that apply to you:**

New Major Objective: \_\_\_\_\_  
Dept. Advisor's or Chairperson's Printed Name/Signature/Date

Additional Major Objective:  
(Double Major) \_\_\_\_\_  
Dept. Advisor's or Chairperson's Printed Name/Signature/Date

New Minor Objective: \_\_\_\_\_  
Dept. Advisor's or Chairperson's Printed Name/Signature/Date

Additional Minor Objective:  
(Double Minor) \_\_\_\_\_  
Dept. Advisor's or Chairperson's Printed Name/Signature/Date

Check this box, if you : 1) have earned 120 units or greater, and/or 2) have already applied for graduation. Two additional signatures are required\*. You must also attach a statement explaining how this change affects your graduation plan.

\_\_\_\_\_  
\*Department Chair's Printed Name/Signature/Date

\_\_\_\_\_  
\*College Associate Dean's Printed Name/Signature/Date

Change of Major to Undeclared:  
The following 2 signatures are required.

\_\_\_\_\_  
Academic Advisor's Printed Name/ Signature/ Date

\_\_\_\_\_  
Director of AARS or Designee/ Printed Name/ Signature/ Date

**For Office Use Only:**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Date Changed: \_\_\_\_\_ By: \_\_\_\_\_

Change of Major or Minor 12-12-11