



California State University SAN MARCOS

Office of the Registrar California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001
Tel: 760.750.4814 Fax: 760.750.3700 www.csusm.edu/enroll/ registrar@csusm.edu

CHANGE OF MAJOR/MINOR FORM

Instructions: Completed forms are accepted by the Office of the Registrar in person at Cougar Central located in Craven Hall 3900, by mail, by fax, or as a scanned email attachment to registrar@csusm.edu

For students with an Associate Degree for Transfer (A Degree with a Guarantee) only:

I acknowledge that by changing my major, I will no longer be eligible for the benefits of the Associate Degree for Transfer (A Degree with a Guarantee) program, including the guarantee that only 60 units are remaining to complete degree requirements.

Student Name: Last _____ First _____ Middle _____

Student ID: _____ CSUSM Email: _____@cougars.csusm.edu

Address: _____ Contact Phone Number: _____

City: _____ State: _____ Zip: _____

CURRENT (Mark all that apply)

Primary Major: _____ Concentration/Option: _____

Secondary Major: _____ Concentration/Option: _____

Minor(s): _____

PROPOSED CHANGE (Only mark items that are requesting to be changed)

Add

Primary Major: _____ Concentration/Option: _____

Add Drop

Secondary Major: _____ Concentration/Option: _____

Add Drop

Add Drop

Minor(s): _____ Minor(s): _____

Dept. Chair/Faculty Advisor Signature: _____ **Date:** _____

Note: Faculty signature only required for certain majors (Software Engineering, Biology)

Student Signature: _____ **Date:** _____

For Office Use Only:

Date Processed: _____ Staff Initials: _____ Total units _____

Revised September 26, 2018