



## CHANGE OF MAJOR/MINOR

**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 an email attachment to [registrar@csusm.edu](mailto: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)*

*By typing or signing my name on this line, I hereby certify that the information I have given you in the application above is true and correct.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For verification purposes all forms signed and submitted electronically must be submitted from the student's CSUSM email address.*

For Office Use Only:

Date Processed: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Total units \_\_\_\_\_