



Undergraduate Request to Change Majors

(UNDERGRADUATE DEGREE PROGRAMS)

Missouri University of Science and Technology
Office of the Registrar

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300 West 13th Street
Rolla, MO 65409-0930
Phone: (573) 341-4181
fax: (573) 341-4362
registrar@mst.edu
http://registrar.mst.edu/

Name _____ Student ID _____

Address _____ Telephone _____

_____ Date _____

Student Signature _____

1. Change of Primary Major

Circle Choice:

2. Request for Dual Major

Are you an International Student? Yes No

International students funded by a third party sponsor should check regulations that may require additional processing for approval.

Current Primary Major

1. _____
Requested New Primary Major

Check One:
 BS BA

2. _____
Secondary Major

Check One:
 BS BA

Emphasis Area

Emphasis Area

Expected Graduation Date

Expected Graduation Date

Academic Regulations: All changes in the student's curriculum of study require approval of the receiving department. The receiving department may place reasonable academic conditions upon the application and also may require that the student work closely with a departmental advisor or take advantage of the academic skills program at the Counseling and Testing Center. Any such conditions must be explicitly noted by the department on this application.

DEPARTMENTAL ACTION

Assigned Advisor of the Primary Major Department _____

Assigned Advisor of the Secondary Major Department _____

Signature of Primary Department Chair (or representative) _____
Date

Signature of Secondary Department Chair (or representative) _____
Date

Request Approved <input type="checkbox"/>
Request Denied <input type="checkbox"/>

Comments: _____