



Undergraduate Request to Change Majors

(UNDERGRADUATE DEGREE PROGRAMS)

Missouri University of Science and Technology
Office of the Registrar

103 Parker Hall
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

Select 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 _____

Licensure Attestation Required for Education and Biological Sciences-Medical Laboratory Scientist Students.

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

Request Denied

Comments:

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 may require that the student work closely with a departmental advisor or take advantage of the academic skills program at the Testing Center. Any such conditions must be explicitly noted by the department on this application.

Copies to: White – Registrar

Blue – New Dept

Yellow – Previous Dept

Email – Student