MAJOR CHANGE REQUEST

To change your Major, please complete the information below. Take this completed form to the department of your new Major for signature and new advisor assignment. Submit this completed form to the Registrar’s Office, located in the Fletcher Center for Student Services.

NAME: ____________________________ STUDENT ID: ____________________________

PLEASE PRINT Last Name First Name

Are you attending LSSU as an F-1 Status Student (carry a SEVIS I-20 Form)? ☐ Yes ☐ No
Are you attending LSSU as a Veteran of the U.S. Armed Forces? ☐ Yes ☐ No

☐ MAJOR CHANGE

Are you? ☐ Adding an Additional Major ☐ Replacing Your Current Major
☐ Adding Additional Information to Current Major (i.e. Concentration or Minor)
☐ Removing the Following Major or Minor ________________________________________

New Major: ☐ BS ☐ BA ☐ Associate ☐ Certificate

Major(s): ________________________________________________________________

Minor(s): _______________________________________________________________

Concentration(s): _________________________________________________________

What Semester/Year do you expect to graduate? ___________________________________

☐ EFFECTIVE TERM CHANGE (For Degree Audit & General Education)

A student may elect to enter his/her new program of study using his/her old program’s general education requirements (do not change my general education requirements) or elect to enter his/her new program of study using Lake Superior State University’s current general education requirements.

New Effective Term for Degree Audit: __________________

Selected General Education Requirements: ☐ Do not change my general education requirements
☐ Use LSSU's current general education requirements

STUDENT SIGNATURE: ________________________________________________________

I AUTHORIZE THE CHANGES LISTED ABOVE

CHAIR SIGNATURE: ____________________________ New Advisor Assigned by New Department

EDUCATION MAJORS (Education Students Only): ____________________________

Education Dean

OFFICE USE ONLY:

☐ New Term: ____________________________ Catalog Term Matches New Term: ______
☐ Student Type: N T R C
☐ Priorities correct New Program
☐ From Term/To Term Ok: ______
☐ Graduation Date: ______
☐ Advisor: ______
☐ Email: ______
☐ Gen Eds: ______
☐ Processed: ______