



APPLICATION FOR CHANGE IN MAJOR/MINOR

*Registry, 14-18 West Avenue, Constant Spring, Kingston 8
Telephone. (876) 969-8211, 969-8803, 969-1226 Fax (876) 925-9129*

Division of Academic Affairs

Please give this completed form to your current Head of Department

Name: _____ Student #: _____

Box #: _____ Date: _____

Student Classification: Year 1 Year 2 Year 3 Year 4 Other _____

New Major: _____ Concentration / Minor (If applicable): _____

Does this major replace previous major? Yes No If yes, what major are you dropping? _____

Are you changing a concentration / minor? Yes No

Concentration / minor added: _____ Concentration /minor dropped: _____

Signature of Student

Date

Change Approved: Yes No

Reason (s):

Signature of Head of Department (Current)

Date

Accepted into new major? Yes No

Data accepted into new major: _____

Date

Signature of Head of Department (New)

Please see Head Department for counselling and approval of your academic program.

Distribution: Original to Registrar's Office, Copies to student's file Department Head.

For Official use only:	
Certified by the Registrar: _____ Signature	Date: ____/____/____
Comments:	
Signature of Receiving Official: _____ <i>(Front Desk)</i>	Date: ____/____/____
Date Submitted to the Registry: ____/____/____	