

Request to Change Second Major or Minor

Student ID No:	Current Major:
Last Name:	First Name:
VT Email:	Cell Phone Number:
Academic Class: FR SO JR SR Graduation Term: _____	Overall GPA: <i>If your GPA is below 2.0 you will be required to meet with the Academic Dean's Office prior to switching majors.</i>
Did you receive a departmental or college scholarship this semester?	
Effective Term (Circle): Fall Spring Summer I Summer II Year:	
I request the following:	
<input type="checkbox"/> Add a second major	<input type="checkbox"/> Add a minor
<input type="checkbox"/> Drop a second major	<input type="checkbox"/> Drop a minor

Change of Second Major	Both Signatures Required for Changes
CLAHS Major to Add:	1. Advisor for Desired Second Major:
CLAHS Major to Drop:	2. Associate Dean (238 Wallace):

Change of Minor	Both Signatures Required for Changes
CLAHS Minor to Add:	1. Departmental Signature:
CLAHS Minor to Drop:	2. Associate Dean (238 Wallace):

I authorize the University to make the changes as indicated on this form as approved by my Academic Dean.

Student Signature: _____ Date: _____

Office Use Only:
Date Received: _____ Date Processed: _____ Processed by: _____