



WESTERN CONNECTICUT STATE UNIVERSITY
Undergraduate Application for Change of Major/Double Major/Change of Option

ID # _____ Phone # _____

Last Name First Name Middle Initial

Address State Zip Code

Check One: [] Change of Major [] Double Major [] Change of Option

CHANGE OF MAJOR or OPTION: I request a change of major/option

from: _____ Major Option (if applicable)
to: _____ Major Option (if applicable)

DOUBLE MAJOR:

My primary major is: _____ Primary Major

I request a double major in: _____ Secondary major

Student Signature _____ Date

I approve this change/addition: _____ Date
New Dept. Chairperson

New Department Chair please assign advisor