

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

ID #		Phone #	
Last Name		First Name	Middle Initial
	lress ********	********	State Zip Code ************************************
Check One:	Change of Major	Double Major	Change of Option
CHANGE OF I	MAJOR or OPTION	: I request a change of major/o	pption
from:			
to:	Major		Option (if applicable)
to:Majo			Option (if applicable)
may not be use	d to complete requirem dents must complete th	ents for a second major. To con e BBA Core and the courses in b	ors, and courses required for one major nplete a double major in the Ancell Schooth majors with no duplication of course
		Primary Major	r
I request a dou	ble major in:	Secondary ma	jor
Student Signat	ure		
Č			Date
I approve this	change/addition:		
	Ne	w Dept. Chairperson Signature	e Date
		ept. Chair please print name	