Today's Date: ______________________

**Student Information:** Name: ___________________________ Student ID: ______________

**PLEASE FILL OUT THE SECTION BELOW:**

**Change of Major:**

Change Major Information: approvals will be obtained by Advisory staff

Current Major: ___________________ New Major: ______________________

Student Signature: _______________________________ Date: __________

Approval from current department chair: _________________________ Date: __________

Approval from new department chair: _____________________________ Date: __________

All changes are subject to verification and approval. Please submit the completed form to your advisor. Please be sure to include all necessary information on the form. Keep a copy of this form and email for your records. Your authorization is acknowledged through electronic submission. Policy and procedure information is available at [http://degree.lamar.edu](http://degree.lamar.edu).