

**EAST ARKANSAS COMMUNITY COLLEGE**

**CHANGE OF MAJOR**

NAME: \_\_\_\_\_ STUDENT ID NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

CURRENT MAJOR: \_\_\_\_\_

CURRENT ADVISOR: \_\_\_\_\_

I wish to change my major to the following: (See catalog for specific degrees and majors.)

Degree: \_\_\_\_\_ Specify Major: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature Date

This change is not official until submitted to the Registrar's Office in the Student Services Department.

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

White: Registrar's Office

Green: Counseling Department

Pink: Student Copy

REVISED: 11/28/2006