CHANGE OF MAJOR/MINOR CONCENTRATION/SPECIALIZATION TRACK/CLUSTER

ADELPHI UNIVERSITY
OFFICE OF THE UNIVERSITY REGISTRAR

Last Name, First Name ID Number Effective Term

Only enter **CURRENT/NEW** information where you want a change. Please consult your advisor and obtain signatures before submitting this form to the Registrar's Office.

CURRENT MAJOR	**TO**	**NEW MAJOR**
Major 1		Major 1 Anticipated Degree
Major 2		Major 2 Anticipated Degree
CURRENT MINOR	**TO**	**NEW MINOR**
CURRENT CONCENTRATION/ SPECIALIZATION (specify)	**TO**	**NEW CONCENTRATION/ SPECIALIZATION (specify)**
CURRENT TRACK/CLUSTER	**TO**	**NEW TRACK/CLUSTER**

Student Signature Date

Advisor Signature (New major) Date

Chair/Director/Dean of New Dept./School Date

Date Processed_____
Initials_____