UNDERGRADUATE
CHANGE OF MAJOR/MINOR FORM

Student Name (PRINT) ___________________________ Campus Wide ID (CWID) ___________________________

Montclair State University email address ___________________________
For notification purposes and only sent to a Montclair State University email account

☐ January ☐ May ☐ August 20___
Check Intended Graduation Month and Year
Program changes cannot be processed for students who have filed for final graduation audit

Class Level (check one) □ Freshman □ Sophomore □ Junior □ Senior

Students must follow the major curriculum in effect at the time of admission into the new program. Department chairpersons allowing a student to follow an older major or minor program should indicate the year to follow in the space listed below their signature.

Please Use Program Codes Listed On Back

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>1ST / 2ND</th>
<th>ADD***</th>
<th>DROP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major/Concentration</td>
<td>□ 1st</td>
<td>□ 2nd</td>
<td></td>
</tr>
<tr>
<td>Minor</td>
<td>□ 1st</td>
<td>□ 2nd</td>
<td></td>
</tr>
</tbody>
</table>

*** Department Chair signature required to add a Major or a Minor.

AUTHORIZATION SIGNATURES

Student signature ___________________________ Date ___________________________
(Required)Advisor Signature ___________________________ Date ___________________________
(Recommended- Not Required)

Department Chairperson/Designee Signature ___________________________ Date ___________________________
(Required for adding a Major)
(Following older major program from ________ year)

Department Chairperson/Designee Signature ___________________________ Date ___________________________
(Required for adding a Minor)
(Following older Minor program from ________ year)

For Office Use


M19 Advisor Updated CAST Date CAST Date Registrar Date

Once completed and required signatures secured, this form must be submitted to the Center for Advising & Student Transitions, Webster Hall 200.