

## Change of Major Form Records Office

Records Office
Suite: 207, Student Services Center
Phone: (615) 353-3218
Fax: (615) 353-3302

Student Information [Section A]				
[1] Student ID:	[2] Name: _			
		Last	First	Middle Initial
[3] Contact Number:	[4] Signatur	·e:		
[5] Date://	ns A and B. You	r current advi	isor or dean is requ	ired to complete section C
	or Informa			
Check <u>one</u> of the Degree Types: [ ] A	AS [] AA []	AS [ ] AST [	] Certificate [ ] N	Ion-Degree Seeking
I wish to declare the following Major:				_
		Major		
	Concentrati	on within Ma	ajor (if applicable)	<del>-</del> I
Keep Current Major active and Dual M	ajor: [ ] Yes [	] No		
Note: If you are seeking an AA or AS of need to choose a concentration (area degree requires 6 hours of a foreign lawhereas, an AS degree does not.	of emphasis, i	e. Pre-Nursi	ng, Business Stud	lies, etc.). Also, an AA
Current Advisor or	Academic	Dean Inf	ormation [Se	ection C]
[1] Current Advisor or Academic Dean	Name:			
[2] Date met with Student:/				
[3] Current Advisor or Academic Dean	Signature (Re	equired): _		
[4] Degree Evaluation Run: [ ] Yes [ ]	] No			
Advisor Notes:				
Records	Office Info	rmation	[Section D]	
[1] Processed By: [2] Di [3] A89 Required: [ ] Yes [ ] No [ ] Fig. [4] Placement Testing Required: [ ] Mi [5] Advisor Inactivated: [ ] Yes [ ] No	Previously Eval ath [] Reading	uated g[]Writing	[] Previously Plac	