

Change/Declaration of Major After Accruing 96 Units

Name _____ Email _____
Student ID _____ Phone _____

BRING A COPY OF YOUR TRANSCRIPTS, DARS REPORT, and ASE (IF APPLICABLE) WHEN YOU MEET WITH AN ADVISOR.

PART I – MAJOR COURSES STILL REQUIRED (Do not use this form to add a second or third major)

Requested Major: _____ Current Major: _____ Current Major GPA: _____

Part I must be signed by your major advisor and chair. Contact your department office if you do not have an advisor assigned to you. **Complete form before reviewing with advisor for approval.** The following is needed to fulfill the requested major requirements:

<u>Course # and Title</u>	<u>Units</u>	<u>Semester</u>	<u>Course # and Title</u>	<u>Units</u>	<u>Semester</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reviewed and Approved by:

Major Advisor Signature _____ Date _____ Title _____ Comments: _____

Major Chair Signature _____ Date _____ Title _____ Comments: _____

PART II – NON-MAJOR REQUIREMENTS (UNIVERSITY AND GE REQUIREMENTS)

Part II must be signed by an advisor in the Advising Center, a College Resource Center, GE advisor in your major department, or EOP (EOP students only). **Complete the form before reviewing with your advisor for approval.** The following is needed to fulfill non-major and/or other graduation requirements:

OASIS 120 UNITS UD UNITS MIN 60 UNITS JEPET/414 RAISE GPA

<u>Course # and Title</u>	<u>Units</u>	<u>Semester</u>	<u>Course # and Title</u>	<u>Units</u>	<u>Semester</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reviewed and Approved by:

Advisor Signature _____ Date _____ Title _____ Comments: _____

PART III - DEGREE COMPLETION PLAN (To be completed by student)

Please complete the following graduation plan, listing by semester the courses you must take to fulfill your graduation requirements.

Anticipated Date of Graduation: _____

Semester: _____

Course #/ Units	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____	_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____	_____ / _____	_____ / _____	_____ / _____	_____ / _____

Student Signature _____ Date _____

Return the completed form to the Registrar Office. Keep a copy for your files and reference when you register for classes.