

JACKSON STATE UNIVERSITY
REQUEST FOR CHANGE OF MAJOR

Date _____ Code _____

Name _____ J# _____

Request change from _____ to _____

Effective date: Semester (Circle One) Fall Spring Summer Academic Year _____

Reason for Change _____

APPROVED BY

Present Department _____

New Department _____ Counseling Center _____

Present Department Head (White)

New Department Head (Canary)

VP for Academic Affairs (Pink)

Counseling Center

NOTE: When change has been completed, present department will forward student's folder to new department.
Folder should be treated as CONFIDENTIAL INFORMATION
