

LE MOYNE

SPIRIT. INQUIRY. LEADERSHIP. *JESUIT.*

Office of the Registrar
1419 Salt Springs Rd
Syracuse, NY 13214
Phone: (315) 445-4456

CHANGE OF MAJOR / DOUBLE MAJOR FORM

Name: _____ ID#: _____
Last First MI

Please check one: Change of Major or Double Major

CHANGE OF MAJOR

Degree: BA BS

Former Major: _____ Concentration: _____

Degree: BA BS

New Major: _____ Concentration: _____

Advisor to be assigned: _____

New Major Dept. Chair's approval: _____

Student's Signature: _____

DOUBLE MAJOR FORM

Degree: BA BS

Current Major: _____ Concentration: _____

Degree: BA BS

Second Major: _____ Concentration: _____

Advisor to be assigned: _____

Second Major Dept. Chair's approval: _____

Student's Signature: _____

REGISTRAR'S OFFICE USE ONLY:

DATE REC'D _____ DATE PROCESSED _____ INIT. _____