



**Elizabeth City State University**  
Elizabeth City, North Carolina

**OFFICE OF THE  
VICE CHANCELLOR FOR ACADEMIC AFFAIRS**

**Change of Major**

Any student who wishes to change his/her major must do the following:

1. Fill out this form.
2. Secure the approval of the advisor.
3. Secure the approval of the head of the department in which the student is currently a major.
4. Secure the approval of the head of the department in which the student wishes to major.
5. Secure the approval of the Dean of the School of the major in which the student is pursuing.
6. Secure the approval of the Provost and Vice Chancellor for Academic Affairs.

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Semester \_\_\_\_\_ Classification \_\_\_\_\_

**I wish to change my major from:** \_\_\_\_\_ **to** \_\_\_\_\_

**because** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

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**(FOR CURRENT DEPARTMENT HEAD)**

\_\_\_\_\_ has my approval to change his/her major from \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature of the Advisor \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Department Chairperson \_\_\_\_\_ Date \_\_\_\_\_

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**(FOR FUTURE DEPARTMENT HEAD)**

\_\_\_\_\_ has my approval to attempt to major in \_\_\_\_\_

and has been counseled on his/her status as a result of this department.

\_\_\_\_\_  
Signature of Department Chairperson \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Dean of the School \_\_\_\_\_ Date \_\_\_\_\_

Original: Registrar's Office

Copy 1: New Major Department

Copy 2: Dean

Copy 3: Academic Affairs