



CHANGE OF MAJOR REQUEST FORM

Student Name: _____

Student ID#: _____

Student's Current Major: _____

New Major (Choose One):

___ Associate of Science in Information Systems (ASIS)

___ Associate of Science in Business Administration, Concentration in Digital Marketing (ASBA-DM)

___ Associate of Science in Business Administration, Nail Salon Management (ASBA-NSM)

This form will not be processed without all required signatures.

Student Signature: _____ Date: _____

Program Director's Signature: _____ Date: _____

Office Use Only

Processed by: _____

Signature: _____ Date: _____

Approved: _____ Not Approved: _____