Application for Change of Major OR Add/Change a Secondary Major

Please take completed form to the new Department Office for Processing

Please check one: _____Change of Major _____Add/Change a Secondary Major

Name_____ Banner ID @_____
(last) (first) (m.i.)

Contact Address_____
(include city, state, and zip code)

IUP Email_____ Contact Phone #_____

Present Major_____ Present Advisor _____

Degree: BA BS BFA BSED Other _____ (Circle/Select one) College: BU ED FA HH HS NM (Circle/Select one)

Present Secondary Major (if applicable)_____College: BU ED FA HH HS NM Circle/Select one)

Complete information below only if you are requesting a CHANGE OF MAJOR

Desired Major _____Track/Concentration_____

Degree: BA BS BFA BSED Other _____ (Circle/Select one) College: BU ED FA HH HS NM (Circle/Select one)

NOTE: Student must meet department specific requirements.

Student Signature_____**Date**_____

Complete information below only if you are requesting to ADD/CHANGE A SECONDARY MAJOR

Desired Primary Major _____ Track/Concentration _____
Degree: BA BS BFA BSED Other _____ (Circle/Select one) College: BU ED FA HH HS NM (Circle/Select one)

Desired Secondary Major _____ Track/Concentration _____
Degree: BA BS BFA BSED Other _____ (Circle/Select one) College: BU ED FA HH HS NM (Circle/Select one)

Note: Student must meet department specific requirements.

Student Signature _____**Date**_____

Departmental Use Only

IUP credits earned_____ CGPA_____Transfer Credits_____ Verified By_____

New Major Code_____ New Primary Advisor_____

New Secondary Major Code_____ New Secondary Advisor _____

__Approved __Denied _____ Date_____
(Department Chair Signature)

__Approved __Denied _____ Date_____
(Primary Major Dean or Dean's Designee Signature)

__Approved __Denied _____ Date_____
(Secondary Major Dean or Dean's Designee Signature if needed)

Notes/Comments:

Distribution of copies after approval: __Original/Primary Dean __Registrar's Office __Student __New Chairperson __Secondary Dean (if needed)