



320 Corporate Drive
 Portsmouth, NH 03801
 Phone: (603) 427-7610
 FAX: (603) 334-6308

Spring Summer Fall Year _____

CHANGE OF MAJOR FORM

INSTRUCTIONS

1. Complete ALL information below.
2. Return completed with ALL signatures to the College One Stop Office

PLEASE PRINT — Complete all information requested below

CHANGE OF MAJOR: DO NOT USE this form for Massage Therapy, Nursing, Surgical Technology, Veterinary Technology or Veterinary Practice Management. You must apply to these programs. Also note that the "Biotechnology Advanced Certificate" is not Financial Aid eligible.

NAME: _____ **Student ID#** @ _____

MAILING ADDRESS _____ **PHONE NUMBERS** _____

Number and Street: _____ Primary Phone: _____ Cell Home Work

P.O. Box: _____ Secondary Phone: _____ Cell Home Work

City, State, Zip: _____ Email Address: _____

Current Program Major: _____ Degree Certificate

Desired Program Major: _____ Degree Certificate

By my signature below, I understand that:

1. The appropriate college officials will review this request for possible approval.
2. Courses previously taken at Great Bay may not transfer to my new program.
3. Courses previously transferred to Great Bay may not transfer to my new program.
4. Change of Majors approved after Add/Drop period of the semester are effective the next semester.

Student Signature: _____ **Date:** _____

Advisors Signature: _____ **Date:** _____
 (must have desired program advisor's signature to complete change of major petition)

Admissions Office Approval Signature: _____ **Date:** _____

ADMISSIONS OFFICE USE ONLY

SAAADMS Effective Term: _____ Initials: _____ Date: _____

REGISTRAR'S OFFICE USE ONLY

SFAREGS Curricula Catalog Term: _____

Transfer Credit(s) Reviewed
 NO YES, If YES: Reviewed Date _____

Comments: _____

Academic Standing Reviewed
 Comments: _____

Effective Term: _____ Initials: _____ Date: _____