

Change of Major

Name _____

CBC ID _____

Semester _____

Current Major _____

New Major _____

Advisor Signature/Date

Advisor (print)

Student Signature/Date

Please note, if you have not been accepted into the Dental Hygiene, Radiology or LVN Licensed Vocational Nursing Program, do not list that as your major. You must declare an Associate of Science Degree. Once accepted to the program, you must submit a major form to update your current program.

*****OFFICE USE ONLY*****

Processed By: _____

Processed Date: _____

Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, age or disability.

Form is protected by FERPA (Coastal Bend College Policy FB (LEGAL) & FJ (LOCAL)) & may not be copied or disbursed without written permission of Registrar.