



## Change of Major/Minor/Concentration/ Advisor Form Springfield College

Office of the Registrar  
263 Alden Street  
Springfield, MA 01109-3797  
Phone (413) 748-3530

This form is to be used for any changes to a student's major, minor, concentration and / or advisor. It must also be used if a student is dropping a 2<sup>nd</sup> major, any minor or any concentration.

**Date:** \_\_\_\_\_

**I.D.#** \_\_\_\_\_

**Student Name** \_\_\_\_\_  
(Please print) Last First MI

**Class** \_\_\_\_\_

**Important:** Current information must be signed and dated by the current department chair. Changes must be approved and signed and dated by the department chair of the desired major / minor / concentration. The authorized signature for the School of Human Services is the Campus Director. A list of current coding information is available through your department chair.

<b>M A J O R</b>	<b>Current Major</b>	_____	<b>Chairperson signature</b>	_____	<b>Date</b>	_____
	<b>Desired Major</b>	_____		_____		_____
	<b>Current 2<sup>nd</sup> Major</b>	_____		_____		_____
	<b>Desired 2<sup>nd</sup> Major</b>	_____		_____		_____

<b>M I N O R</b>	<b>Current Minor</b>	_____	<b>Chairperson signature</b>	_____	<b>Date</b>	_____
	<b>Desired Minor</b>	_____		_____		_____
	<b>Current 2<sup>nd</sup> Minor</b>	_____		_____		_____
	<b>Desired 2<sup>nd</sup> Minor</b>	_____		_____		_____

<b>C O N C</b>	<b>Current Concentration</b>	_____	<b>Chairperson signature</b>	_____	<b>Date</b>	_____
	<b>Desired Concentration</b>	_____		_____		_____
	<b>Current 2<sup>nd</sup> Concentration</b>	_____		_____		_____
	<b>Desired 2<sup>nd</sup> Concentration</b>	_____		_____		_____

<b>A D V</b>	<b>If applicable, please designate (please print clearly)</b>		<b>Chairperson signature</b>	<b>Date</b>
	<b>New Advisor 1</b>	_____	_____	_____
	<b>New Advisor 2</b>	_____	_____	_____

Student signature: \_\_\_\_\_ Date \_\_\_\_\_

**This completed form must be returned to the Registrar's Office for processing.** Copies of completed forms will be sent to affected departments.

**For office use only**

Registration Information updated by: \_\_\_\_\_

Date: \_\_\_\_\_

Advising Information updated by: \_\_\_\_\_

Date: \_\_\_\_\_