

Major Change Form

Name:	Date of Birth:
ID#: Ef	fective Date for Change:
My major is now (if known):	
My major should be changed to:	
My goal while at Southeastern is: (che	ck one)
1. To prepare for transfer to a fo	ur-year college or university
2. To improve skills in my present job	
3. To prepare for a future job immediately after attending SIC	
4. To prepare for the GED Test of	or improve basic academic skills
5. For personal interest/self deve	elopmentnot career oriented
6. Unknown/other	
While at Southeastern, I plan to: (chec	ek one)
1. Only complete up to 9 credit h	nours – Not pursuing a Certificate or Degree
2. To complete Certificate	
3. To complete an Associate Deg	ree
Transfer plans: (check one)	
1. NOT planning to transfer	
2. Yes, I plan to transfer to a fou	r-year college or university

I have discussed this program change with a counselor/faculty advisor and understand the requirements of the new major indicated above.

Student Signature

Date

Counselor/Faculty Advisor Signature

Date