



It is the student's responsibility to obtain necessary signatures and submit this form to the Registrar's Office.

CWID: _____
Last Name First Name MI

Cell Phone: _____

New Major: _____

Concentration: _____
**if applicable*

Citadel Graduate College Approval: _____ Date: _____

Program Coordinator Signature (old major): _____ Date: _____

Program Coordinator Signature (new major): _____ Date: _____

*New Advisor: _____
To be assigned by the new Program Coordinator

NCAA Compliance Officer: _____ Date: _____
**if applicable*

Student Signature: _____ Date: _____

Official Use Only

Recorded to Banner: _____
Initials Date