



Fairfield
UNIVERSITY

Request for Change of Major

Student I.D. # _____

Box # _____

TO THE STUDENT

Please fill in all information requested on this form, sign it, and ask your present Chair or Area Coordinator to sign it.

Name _____ Year of Graduation _____
Last (print) First Middle

School _____

Present Major _____ Proposed Major _____

Reason for Change _____

Student Signature _____ Date _____

TO CHAIRS AND AREA COORDINATORS

Present Chair or Area Coordinator will sign this form and send it to the proposed Chair or Area Coordinator. The proposed Chair or Area Coordinator will complete the form, indicating reason for acceptance or refusal of the new major.

Present Chair or Area Coordinator _____ Date _____
Signature

Reason for acceptance or refusal _____

Proposed Chair or Area Coordinator _____ Date _____
Signature

Assigned Faculty Advisor _____

Dean _____ Date _____
Signature