



# ASBURY UNIVERSITY

OFFICE OF THE REGISTRAR

registrar@asbury.edu

## MAJOR/MINOR CHANGE REQUEST

### UNDERGRADUATE

Please list your current major(s) and minor(s) and any changes that need to be made to your academic record. Please allow 2-4 weeks for processing. Adding a major or minor requires moving to the catalog requirements in effect at the time of the request, and agreeing to fulfill any resulting new program requirements. Requests from first semester freshmen and transfers will be held until after first semester completion. Only one change to the primary major may be processed per semester.

**Full Name [print]:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Class:**  Freshman  
 Sophomore  
 Junior  
 Senior

**Current Major(s):** \_\_\_\_\_

*List all; if you intend to drop your current major(s), please indicate on major drop line.*

**Current Minor(s):** \_\_\_\_\_

#### Major Change Request

#### Minor Change Request

Add: \_\_\_\_\_

Add: \_\_\_\_\_

Add: \_\_\_\_\_

Add: \_\_\_\_\_

Drop: \_\_\_\_\_

Drop: \_\_\_\_\_

Drop: \_\_\_\_\_

Drop: \_\_\_\_\_

Major Concentration (if applicable): \_\_\_\_\_

Requested Advisor (if applicable): \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

I understand that by making this request, I am agreeing to follow the catalog and program requirements effective this academic year for all of my program categories [Foundations, Major(s), and/or Minor(s)], though these may differ from my past program requirements. I realize this update may add new requirements and I agree to fulfill any new program requirements.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have discussed or plan to discuss these changes with my advisor.

#### OFFICE USE ONLY

Advisor Changed/Added, Previous Advisor \_\_\_\_\_

Major/Minor Request entered

Student Notified

Completed by: \_\_\_\_\_

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

Received
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