



# MAJOR Add/Change Form

**Student:** Complete all requested information. Once completed and signed by the department chair of your **new** major, return this form to the Registrar's Office, Holloway Hall 120, or FAX to 410-677-5078.

**\*\* Please note that some departments will not process change of majors during the program planning period. \*\***

**Student Name:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_  
Last First M.

**Permanent Address:** \_\_\_\_\_ **Permanent Phone #:** \_\_\_\_\_  
\_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Please adjust my major:**

**ADD/CHANGE to new major:** \_\_\_\_\_ **Concentration/Track** \_\_\_\_\_  
**DROP current major:** \_\_\_\_\_ **Concentration/Track** \_\_\_\_\_

**Department Use Only**

**New Advisor Name:** \_\_\_\_\_ **New Advisor Code:** \_\_\_\_\_  
\_\_\_\_\_  
*New Department Chair Signature* \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*

**Please adjust my SECOND major:**

**ADD/CHANGE second major:** \_\_\_\_\_ **Concentration/Track:** \_\_\_\_\_  
**DROP second major:** \_\_\_\_\_ **Concentration/Track:** \_\_\_\_\_

**Department Use Only**

**New Advisor Name:** \_\_\_\_\_ **New Advisor Code:** \_\_\_\_\_  
\_\_\_\_\_  
*New Department Chair Signature* \_\_\_\_\_ **Date** \_\_\_\_\_

Your requirements will be automatically updated to match those reflected in the most recent university catalog. If you wish to remain in your current catalog, please check here \_\_\_\_\_.

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