



Modification of Authorized Major, Minor or Concentration

Name: _____ Student Number: _____
 Last First Middle

Degree: _____ E-mail Address: _____

CHANGE OF (check one): **Major** **Major Concentration** **Minor**

Title of Major, Minor, or Concentration being changed (If Concentration, full title of Major and Concentration must be listed)

BULLETIN YEAR OF MAJOR, CONCENTRATION or MINOR
 (only if **different** from that appearing on the original Authorization Form) _____ - _____

Required Course	Hrs	Substitute Course	Hrs	Reason for Modification
Elective Course	Hrs	Substitute/Specify Electives	Hrs	Reason for Modification

Student: I understand that I must complete the courses as modified above as well as completing the hours required for this major or minor as listed in the Bulletin

 Signature of Student

 Date

Advisor: This form is used only to make changes to the official program of study as described in the CMU BULLETIN or if you wish to designate specific electives for a student. The advisor is responsible for completion of all portions of this form and distribution of copies to: (1) Registrar's Office (original), (2) student, (3) Advisor, (4) Department Office of advisor, and (5) Certification Office (Teaching major or minor only).

 Signature of Advisor

 Printed Name of Advisor

 Date

 Signature of Department Chair

 Printed Name of Department Chair

 Date