



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, and (4) Department Office of advisor.

 Signature of Advisor

 Printed Name of Advisor

 Date

 Signature of Department Chair

 Printed Name of Department Chair

 Date