



CHANGE OF MAJOR FORM

Advising Office

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This form **cannot** be used to change to the following majors: **Cardiovascular, Nursing, Paramedicine, Radiography, Respiratory Therapy**. These majors require a **new application** form filed with Admissions. For the Surgical Technology program, please contact Maine Medical Center - School of Surgical Technology.

Student Information		
Last Name	First Name	Middle Initial
Student ID Number (or Date of Birth/Social Security Number)		
Current Major	Award (check one)	Associate Degree Certificate

Choose One Option

I wish to change my major to (effective for the semester following submission of this form):

Associate Degree Certificate

_____ Major _____ Concentration (if applicable)

IMPORTANT: Changing your major to Dietetic Technology requires approval in the form of a signature from the department chair.

_____ Signature _____ Date

I wish to retain my **current major** and opt into the current graduation requirements. I understand that I will be held to the catalog requirements that exist at the time of your major change. I wish this change to be effective as of:

Fall Spring Summer Year: _____

Student Signature	Date
X	

OFFICE USE ONLY

New/Incoming Student Changing Major for Admission

Changed in Admission

Changed in Registration

Current Student Changing Major with Registration

Health Science Major switching to non-health program

Transfer Student -- Needs credits re-evaluated

Re-evaluation of transfer credits completed

_____ Processed by & Date

_____ Processed by & Date