



CHANGE OF MAJOR FORM

American University of Health Sciences

This form is used to switch to a different major. Filling out this form does not guarantee the major change. Before changing your major, consult an adviser in your new major. Return this form to the Student Services office.

PERSONAL INFORMATION:

Student's Name: _____

Social Security Number: _____ - _____ - _____ Phone Number: _____

Local Address: _____

MAJOR INFORMATION:

Current Major: _____

School: _____

Accepted Date: _____ Years / Months Enrolled: _____

New Major: _____

School: _____

I certify that I am the above named person and the information I have submitted is true.

Student Signature: _____ Date: _____

FOR OFFICIAL USE ONLY (DO NOT FILL THIS SECTION):

Student Services: _____ Date: _____

Former College Dean: _____ Date: _____

New College Dean: _____ Date: _____