



ANGELO STATE UNIVERSITY GRADUATE SCHOOL CHANGE OF MAJOR FORM

Today's Date _____ Name (Last, First) _____

CID # _____ Birth Date _____

Mailing Address _____

City, St Zip _____

Current Major _____ New Major _____

Previous/last term of enrollment as a Graduate Student at Angelo State University:

___ Not yet enrolled

___ Fall ___ Spring ___ Sum I ___ Sum II Year _____

Term you would like your new major to take effect:

___ Fall ___ Spring ___ Sum I ___ Sum II Year _____

Signature is required for your change of major to be processed _____

The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the College of Graduate Studies.

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