



Request to Declare Change Major

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| Student Name: | |
| Student ID Number: | |
| Email Address: | |
| Telephone Number: | |

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| <input type="radio"/> <input type="radio"/> | |
| REAL Notes | |
| Concentration | |
| Degree | |
| Catalog Year | |
| Academic Advisor Approval | |
| Department Approval | |
| New Advisor | |