Massachusetts College of Liberal Arts
Change of Major/Minor/Concentration/Licensure

Student A# ________________________________
Student’s Name ___________________________________________________________________________

Last  First  Middle

Present Major ____________________________ Present Advisor ________________________________

I wish to:
☐ Change my major to:_______________________________________________________________
☐ Add the following major:__________________________________________________________
☐ Drop the following major:________________________________________________________
☐ Add the following teacher licensure program:_______________________________________
☐ Drop the following teacher licensure program:_____________________________________
☐ Declare my minor as:____________________________________________________________
☐ Add the following minor:__________________________________________________________
☐ Drop the following minor:________________________________________________________
☐ Declare my concentration as:_____________________________________________________
☐ Drop the following concentration:________________________________________________

Student Signature_________________________________________ Date_______________________

Chairperson of new major/minor/program signature _____________________________ Date________

Assignment of advisor for new major _______________________________________________________________________

Assignment of secondary advisor/2nd major/licensure/minor __________________________________________________________________

Please return this completed form to the Registrar’s Office

Registrar’s Office Signature_________________________________________ Date____________________

Copies: Registrar  Present Advisor  New Advisor  Student