

C.W. POST CAMPUS OF LONG ISLAND UNIVERSITY

Request for Graduate Change of Major

Please Print

Please complete the following form and submit it to the advisor in the department you are currently enrolled in.

Student's Name _____

Social Security Number/ ID Number _____

Address _____

Date of Entrance into C.W. Post _____

Reason for request for graduate change of major _____



1. Graduate Program now enrolled in: _____

Number of semester hours of credit completed _____ Average _____
(To be completed by current Advisor)

Department Chairman's Signature _____ Date _____
(Former major advisor will forward student's file to new advisor)

2. Graduate School and Department requested: _____

Matriculation decision: _____
(Advisor of new department)

Conditions for full matriculation: _____

Advisor's Signature _____ Date _____

Department Chairman's Signature _____ Date _____

cc:

Records Office
Graduate Admissions
New Major Department
Student

Records Office Use Only
Date Processed _____
Processed by _____ (initials)
File to be sent to Graduate Admissions
_____ Yes _____ No