The College of New Jersey Office of Records and Registration P.O. Box 7718, Ewing, NJ 08625-0718

Phone: (609)771-2141 Fax: (609)637-5184

CHANGE OF MAJOR/SECOND MAJOR (CHANGE OF PLAN)

Last N	lame:		First Name:			MI:		PAWS ID:		
Phone	<u>e:</u>	TCI	NJ E-Mail:		Pre	esent Maj	jor:			
DIR		•		e Department to which ith the responsibility to	-	-	_	-	must obtair	the
New N	Major:			Second Major: (if ap	plicabl	e)				
Specia	alization (if applicab	le)								
Please	e indicate if you are o	dropping a majo	r:							
departm		-		dation Courses that are ulletin.pages.tcnj.edu/u	-			-	-	
	Course #		Course Name				Completed (Y/N)		Grade	_
	Student Signature:						Da	ate:		
this case,	the new department	is required to assi	ign this student a	nce requirement (FOUND an advisor and provide ac llowed to declare a speci	cess to	any cours	se that	will help the	student mee	
	☐ Approved	*Accepted I		re there exceptions or vequirements? If yes, po				☐ Yes	☐ No	
	First and Last Name	of Student's Ne	w Advisor:							
	Department Chair S	ignature:					Da –	ate:		
	Department Chair S	iignature:					Da –	ate:		

⁺⁺Two signatures are required if the student is changing the order of his/her double majors (i.e. if the primary major is going to be the secondary major or vice versa) or transferring to the School of Education.