

Undergraduate Change of Major/Minor/Concentration



Name: _____ Cortland ID (C-Number): _____

Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone: _____ Permanent Phone: _____ Cortland Email: _____

Only if your address has changed, update your record with the above address: Permanent Address Local (Not Res Hall) Address No Update

Check if you entered Cortland as a transfer student. Anticipated Graduation Date: _____ Check if you have applied to graduate.
(Month and Year)

Providing your address ensures that school officials can contact you regarding your academic record. Information is used in accordance with the Family Educational Rights and Privacy Act (FERPA). Learn more about SUNY Cortland's FERPA policies at: <http://www.cortland.edu/FERPA>

1. Complete all areas of this form and submit it to the department of your NEW major/concentration/minor. When declaring a dual major, both departments must receive the form and sign.
2. The department secretary will seek the approval/signature of the department chair and send the original to the Registrar's Office. A copy is sent to the Associate Dean of the NEW major and/or minor.
3. IMPORTANT NOTE: A student cannot major in the same area as a minor or concentration. Also, students cannot have a concentration in the same area as the minor.
4. Complete the Current Academic Info and fill in only the boxes that reflect a change or deletion. (Refer to your degree audit for current program codes.)

Current Advisor: _____ Credit Hours Completed: _____

	CURRENT Academic Information	DELETE Program	ADD Program
Degree: (Example: BA, BS, BSED)			
Major Code			
Concentration Code			
Dual Major Code			
Minor Code			

Timeline: To allow for timely advisor assignments and PIN distribution, students must complete change of major transactions by *October 1* for spring major changes and *March 1* for fall major changes. Please see your academic department(s) for policies. Forms may be accepted after this date if departments allow, but students are advised that they may need to coordinate with the former department to receive advising and their PIN if changes occur after these dates.

By signing, you confirm that you are aware of your responsibility to read the College Catalog and become familiar with the policies and requirements of your chosen major/concentration/minor and department.

Student Signature: _____ Date: _____

Department Approval: _____ / _____ Date: _____
(Major) (Dual Major)

Department Approval for Minor: _____ / _____ Date: _____
(Added) (Deleted)

New Advisor: _____	Office: _____	Phone: _____	Catalog Term: _____
<input type="checkbox"/> Assigned Advisor (Banner: SGAADVR) Term: _____ <input type="checkbox"/> Academic Folder Request <input type="checkbox"/> Check Foreign Lang. Requirement: __Met __Not Met			
Department Secretary Initials/Date: _____		DISTRIBUTION: ____Registrar ____Associate Dean ____Department ____	