HAMPTON UNIVERSITY | *Graduate College*

Graduate College Counselor

PETITION FOR CHANGE OF MAJOR

Only fully completed forms will be processed

Name

Hampton University ID #

Current address (street, city, state, and zip code)

University email address

Telephone Number

Major field (and concentration, if any)

New Major (and/or concentration)

M.B.A. ○ M.A. ○ M.S. ○ M.T. ○ Ed.S. ○ D.P.T. ○ Ph.D. ○

Current Degree

M.B.A. ○ M.A. ○ M.S. ○ M.T. ○ Ed.S. ○ D.P.T. ○ Ph.D. ○

New Degree

Reason for change of major or concentration:

_____

_____

_____

_____

Student's Signature Date

Current Advisor's Signature Date

Current Program Coordinator's Signature Date

Current Program Chair's Signature Date

Name of Newly Appointed Advisor's Signature Date

New Advisor's Signature Date

New Program Coordinator's Signature Date

New Program Chair's Signature Date

For Office Use Only

Graduate College Dean's Signature Date

Approved ☐ Denied ☐

Comments:_____

Revised 9/2020