

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.

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

Current Degree

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: _____