

Request for an Addition/Change of Major or Minor Students with 90 or more units

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◆ Office of the Registrar ◆ One Washington Square ◆ San José, CA 95192-0009 ◆

Instructions

1. Please type directly into each field.
2. Provide all documentation and obtain all required signatures or your request will be returned.
3. Submit a personal statement on how the change/ addition of major or minor will affect your graduation. You can attach your personal statement or write it on the back of this form.

IMPORTANT: Newly admitted students may not apply for a change of major until the first day of instruction.

SJSU ID _____ Last name _____ First _____ Middle _____

Contact Information: Phone# (cell preferred) _____ E-mail Address _____

Current Major/Concentration: _____ Current Minor: _____

Type of Degree Requested e.g. BS, BA, BFA, or BMus): _____

Proposed Graduation Term/ Year: _____

Have you applied for graduation? Yes(or in progress) No. If no, new major advisor's signature _____

Attach Required Documentation: _____ printed name:

1. Major/ Minor form(s) for current major/minor and requested major/minor
2. Personal Statement
3. Copy of unofficial transcript printed from MySJSU
4. Fill in the following information
 - _____ Earned Units (UE) from 2 year institution (If this number is 70 or above, please put 70)
 - _____ Earned Units (UE) from 4 year institution (other than SJSU)
 - _____ Earned Units (UE) from AP/IB scores, military credit, etc.
 - _____ Earned Units (UE) at SJSU
 - _____ TOTAL EARNED UNITS

For **approval** of your new or added Major/Minor, the following signature(s) is/ are required from your **new** Major/ Minor Department(s). This request is valid for one month after the date of the first signature.

1. Check box(es) that apply to you:

New Major Objective: _____ Major Advisor's or Chair/Director's Printed Name/Signature/Date

Additional Major Objective: (Double Major) _____ Major Advisor's or Chair/Director's Printed Name/Signature/Date

New Minor Objective: _____ Minor Advisor's or Chair/Director's Printed Name/Signature/Date

Additional Minor Objective: (Double Minor) _____ Minor Advisor's or Chair/Director's Printed Name/Signature/Date

2. _____ Department Chair/Director's Printed Name/Signature/Date

For Office Use Only:

Date Received: _____ By: _____ Approved Y/N: _____ Major/Minor more than 90 09-13-21
Date Changed: _____ By: _____