HAMPTON UNIVERSITY GRADUATE COLLEGE

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 _____ Date _____ Current Program Chair's _____ 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 7/2016