



**MAJOR/ADVISOR CHANGE**

Name \_\_\_\_\_ HSU-ID # \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Local Phone # \_\_\_\_\_

**Check One:**     Advisor Change Only     Change Major and Advisor

**Current Advisor:**

*Printed* Name \_\_\_\_\_ Signature \_\_\_\_\_

**New Advisor:**

*Printed* Name \_\_\_\_\_ Signature \_\_\_\_\_

**Current Major:** \_\_\_\_\_ **New Major:** \_\_\_\_\_

**Department approval is required for all changes:** **New** department's approval is required for major changes.  
**Current** department's approval is required for advisor changes.

Department Chair Signature \_\_\_\_\_

*Please return completed form to the Office of the Registrar (SBS 133).*