# Request for Declaration or Change of Major

**Name:**
- Last: 
- First: 
- M. I.: 
- CSUB ID #: 

**Address:**
- Street: 
- Apt. No.: 
- City: 
- State: 
- Zip Code: 

<table>
<thead>
<tr>
<th>PRESENT</th>
<th>CHANGE TO</th>
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| DEGREE OBJECTIVE: 
MAJOR: 
SECOND MAJOR: 
CONCENTRATION: 
MINOR: | DEGREE OBJECTIVE: 
MAJOR: 
SECOND MAJOR: 
APPROVED: Dept. Chairperson's Signature Date |
| RECORDS OFFICE USE | RECORDS OFFICE USE |
| RECORDS: White Copy 
NEW MAJOR/MINOR/CONCENTRATION DEPT.: Yellow Copy 
OLD MAJOR/MINOR/CONCENTRATION DEPT.: Pink Copy 
STUDENT: Goldenrod Copy | APPROVED: Dept. Chairperson's Signature Date |

Date: ________________