



# CSU Bakersfield

## Academic Affairs

Division of Enrollment Management  
Office of the Registrar

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[registrar@csub.edu](mailto:registrar@csub.edu)

## UNDERGRADUATE REQUEST FOR CHANGE/DECLARATION OF MAJOR

Currently enrolled students may change their major (plan) with departmental approval. Note: If your request is approved, you MUST enroll only in the courses needed to complete the remaining requirements or this approval may be revoked.

**SECTION A** - All students must complete Section A. New Program/Department Chair Authorization required.

**SECTION B** - Students seeking only to remove a 2nd major or minor should complete Section B.

### SECTION A (Print Clearly)

Student's Name: \_\_\_\_\_ CSUB ID: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you applied for Graduation:  Yes  No Anticipated Graduation Term: \_\_\_\_\_

Current Major: \_\_\_\_\_ Current Concentration: \_\_\_\_\_

I would like to **CHANGE** my current Major/Concentration to (circle one): \_\_\_\_\_

I would like to **ADD** a second Major in: \_\_\_\_\_

I would like to **ADD** a minor in: \_\_\_\_\_

### SECTION B

I would like to **REMOVE** 2nd Major or Concentration in: \_\_\_\_\_

I would like to **Remove** minor in: \_\_\_\_\_

### Program/Department Chair Authorization:

Approved **CHANGE** of **new** Major/Concentration (Signature Required):

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Registrar's Office Use Only:

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

This is the official Office of the Registrar's Request for Change/Declaration of Major Form and supersedes all and any previous forms from any CSUB department. (08.08.19)