

OFFICE OF ENROLLMENT AND RECORDS
SAINT PAUL'S COLLEGE, LAWRENCEVILLE, VIRGINIA

DATE: _____

APPLICATION FOR CHANGE OF DEGREE OF MAJOR AND/ OR CONCENTRATE

Present Degree and Major and/or Concentrate _____

I wish to change my degree to _____ with a Major
and/ or Concentrate in _____.

I understand that by changing my major I am setting up a situation that could mean conflicts in
schedule and that I may have to spent more than four years to graduate.

I have given this request very serious thought and support it with the following reasons:

Print Name

Signature of Applicant

1. Official action of the losing departmental chairman:
___ Approved ___ Disapproved _____
Signature of Chairman Dated
2. Official action of the gaining departmental chairman:
___ Approved ___ Disapproved _____
Signature of Chairman Dated
3. Official action of the Provost:
___ Approved ___ Disapproved _____
Signature of Provost Dated
4. Official action of the Registrar:
___ Approved ___ Disapproved _____
Signature of Registrar Dated

Date the student was notified of final action _____

Date entry on the student's Master card _____