



Student Registration and Record Services
 223 Miller Building
 PO Box 2000
 Cortland, NY 13045-0900
 607-753-4702 | srrs@cortland.edu

CURRENT STUDENTS
Undergraduate Program Change
CHANGE MAJOR/MINOR/CONCENTRATION

This form is used to change undergraduate majors, minors, concentrations and other official aspects of the academic program.

Student Name: _____ Cortland ID Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Permanent Phone: _____ Mobile Phone (Optional): _____

If your address has changed, update your record with the above address? No Update Permanent Local (When Not a Residence Hall)

Have you applied to graduate? Yes No Are you currently registered for classes at Cortland? Yes No

Did you enter Cortland as a transfer student? Yes No

- Complete all areas of this form and submit it to the department of your NEW major/concentration/minor. When declaring a dual major, both departments must receive the form and sign.
- The department secretary will seek the approval/signature of the department chair and send the original to the Registrar's Office. A copy is sent to the Associate Dean of the NEW major and/or minor.
- **IMPORTANT NOTE:** A student cannot major in the same area as a minor or concentration. Also, students cannot have a concentration in the same area as the minor. Please speak with your academic advisor.
- Complete the Current Academic Info below and fill in only the boxes that reflect a change or deletion.

	Current Information	DELETE This Program Information	ADD This Program Information
Degree (e.g. BA, BS, BSED)			
Major			
Concentration			
Dual Major			
Minor			

To allow for timely advisor assignments and PIN distribution, students must complete change of major transactions by **October 1 for spring major changes** and **March 1 for fall major changes**. Please see the academic department(s) for policies. Forms may be accepted after this date if departments allow, but students are advised that they may need to coordinate with the former department to receive advising and their PIN.

By signing, you confirm that you are aware of your responsibility to read the College Catalog and become familiar with the policies and requirements of your chosen major/concentration/minor and department.

Student Signature: _____ Date: _____

Department Approval: _____ Date: _____

Department Approval (Minor): _____ Date: _____

Department Use Only	New Academic Advisor: _____	Catalog Term Applied: _____
<input type="checkbox"/> Advisor Assigned (SGAADVR)	<input type="checkbox"/> Folder Requested	<input type="checkbox"/> Foreign Language Requirement Met
Dept Initial/Date _____		
Distribution: _____ Registrar _____ Associate Dean _____ Former Department (If Req'd) _____ New Department		