

MANCHESTER COMMUNITY COLLEGE

CHANGE / DUAL MAJOR REQUEST FORM

Name: _____ Student ID: _____

Address: _____

Phone: _____

Do you have transcripts from a previous college/s: Yes No

EFFECTIVE DATE POLICY FOR CHANGE OF MAJOR

If a change of major is requested within the defined timeframe for 'dropping a course' within a semester, the change of major will take effect for the current semester. Any requests for change of major after the defined timeframe for 'dropping a course', will take effect in the next academic semester, including summer.

Completed forms should be submitted to the **Advising Center in Room MAIN 120.**

Students who request to change or add one of the following degrees must first meet with the Program Coordinator to receive approval:

Automotive Technology
General Studies
Medical Assistant

Early Childhood Education
Health Information Management

Electrical Technology
Liberal Arts/Education

I request a _____ **CHANGE OF MAJOR**

Current Program: _____
_____ Degree _____ Certificate _____ Professional Certificate

Desired Program: _____
_____ Degree _____ Certificate _____ Professional Certificate

I request a _____ **DUAL MAJOR**

Current Program: _____
_____ Degree _____ Certificate _____ Professional Certificate

Desired Program: _____
_____ Degree _____ Certificate _____ Professional Certificate

REASON FOR CHANGE/DUAL MAJOR :

I understand that this request will be reviewed by appropriate college officials and that some courses previously taken may not apply to my new program. **Further, I understand that my Financial Aid may be affected and this change is not official until I receive a letter from the Office of Academic Affairs.**

Student Signature

Date

