

# MANCHESTER COMMUNITY COLLEGE

## CHANGE OR DUAL MAJOR REQUEST FORM

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_

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

### EFFECTIVE DATE POLICY FOR CHANGE OR DUAL MAJOR

If a change or dual 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 after that date, will take effect in the next academic semester, including summer.

Completed and signed forms should be submitted to the **Academic Affairs Office - Room 248**

**Students who request to change or add one of the following degrees must first meet with the Program Coordinator to receive approval and signature on back of form:**

Automotive Technology  
Medical Assistant

Early Childhood Education  
Teacher Education

Electronic Technology  
Technical Studies

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 OR 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

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

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

<b>PROGRAM</b>	<b>COORDINATOR</b>	<b>PHONE</b>	<b>E-MAIL</b>
Automotive Technology	Marc Bellerose	206 – 8024	<a href="mailto:mbellerose@ccsnh.edu">mbellerose@ccsnh.edu</a>
Early Childhood Education	Carrie Marshall Gross	206 – 8045	<a href="mailto:cmarshall@ccsnh.edu">cmarshall@ccsnh.edu</a>
Electronic Technology	Norman Carignan	206 – 8192	<a href="mailto:ncarignan@ccsnh.edu">ncarignan@ccsnh.edu</a>
Medical Assistant	Kori Boeckeler	206 – 8062	<a href="mailto:kboeckeler@ccsnh.edu">kboeckeler@ccsnh.edu</a>
Teacher Education	Carrie Marshall Gross	206 – 8045	<a href="mailto:cmarshall@ccsnh.edu">cmarshall@ccsnh.edu</a>
Technical Studies	Office of Academic Affairs	206 – 8010	

**Program:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
**Approved**      **Program Coordinator Signature**      **Date**

**ACADEMIC AFFAIRS OFFICE APPROVAL**

Once approved, the Academic Affairs Office will complete a degree audit, which will be sent to the student, the former and new academic advisors, the Registrar’s Office and the Financial Aid Office.

Request:     Approved (Effective semester: \_\_\_\_\_)

Denied    Reason: \_\_\_\_\_

\_\_\_\_\_  
**Academic Program Assistant**      **Date**

**Completed forms should be submitted to the Academic Affairs Office - Room 248.**

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