**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**

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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:

<table>
<thead>
<tr>
<th>Automotive Technology</th>
<th>Early Childhood Education</th>
<th>Electronic Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Assistant</td>
<td>Teacher Education</td>
<td>Technical Studies</td>
</tr>
</tbody>
</table>

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I request a _______ CHANGE OF MAJOR

Current Program: __________________________________________________________

_________ Degree  __________ Certificate  __________ Professional Certificate

Desired Program: __________________________________________________________

_________ Degree  __________ Certificate  __________ Professional Certificate

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I request a _______ DUAL MAJOR

Current Program: __________________________________________________________

_________ Degree  __________ Certificate  __________ Professional Certificate

Desired Program: __________________________________________________________

_________ Degree  __________ Certificate  __________ Professional Certificate

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**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.**

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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:

<table>
<thead>
<tr>
<th>Program</th>
<th>Coordinator</th>
<th>Phone</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automotive Technology</td>
<td>Marc Bellerose</td>
<td>206 – 8024</td>
<td><a href="mailto:mbellerose@ccsnh.edu">mbellerose@ccsnh.edu</a></td>
</tr>
<tr>
<td>Early Childhood Education</td>
<td>Carrie Marshall Gross</td>
<td>206 – 8045</td>
<td><a href="mailto:cmarshall@ccsnh.edu">cmarshall@ccsnh.edu</a></td>
</tr>
<tr>
<td>Electronic Technology</td>
<td>Norman Carignan</td>
<td>206 – 8192</td>
<td><a href="mailto:ncarignan@ccsnh.edu">ncarignan@ccsnh.edu</a></td>
</tr>
<tr>
<td>Medical Assistant</td>
<td>Lori Vinci</td>
<td>206 – 8021</td>
<td><a href="mailto:lvinci@ccsnh.edu">lvinci@ccsnh.edu</a></td>
</tr>
<tr>
<td>Teacher Education</td>
<td>Carrie Marshall Gross</td>
<td>206 – 8045</td>
<td><a href="mailto:cmarshall@ccsnh.edu">cmarshall@ccsnh.edu</a></td>
</tr>
<tr>
<td>Technical Studies</td>
<td>Office of Academic Affairs</td>
<td>206 – 8010</td>
<td></td>
</tr>
</tbody>
</table>

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.