

Office of the Registrar California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001

California State University

SAN MARCOS

Tel: 760.750.4814 Fax: 760.750.3700 www.csusm.edu/enroll/ registrar@csusm.edu

## **CHANGE OF MAJOR/MINOR**

Instructions: Completed forms are accepted by the Office of the Registrar in person at Cougar Central located in Craven Hall 3900, by mail, by fax, or as an email attachment to registrar@csusm.edu

For students with an Associate Degree for Transfer (A Degree with a Guarantee) only: I acknowledge that by changing my major, I will no longer be eligible for the benefits of the Associate Degree for Transfer (A Degree with a Guarantee) program, including the guarantee that only 60 units are remaining to complete degree requirements.				
Student Name: Last	_ First	N	1iddle	
Student ID:	_CSUSM Emai	I:	@couga	rs.csusm.edu
Address:	Contact Phon	e Number:		
City: State: Zip:				
CURRENT (Mark all that apply)				
Primary Major:	Concentration	n/Option:		
Secondary Major:	Concentratio	n/Option:		
Minor(s):	_			
<b>PROPOSED CHANGE</b> (Only mark items that are requesting to be changed)				
Primary Major:Concentration	on/Option:		Add	Drop
Secondary Major:Concentration	on/Option:		Add	Drop
Minor(s):	_ Add	Drop		
Minor(s):	Add	Drop		
<b>Dept. Chair/Faculty Advisor Signature:</b> Note: Faculty signature only required for certain majo	ors (Software En	<b>Date</b> gineering, Biolog	:	

By typing or signing my name on this line, I hereby certify that the information I have given you in the application above is true and correct.

## Student Signature:

Date:

For verification purposes all forms signed and submitted electronically must be submitted from the student's CSUSM email address.