



UNIVERSITY of SAINT FRANCIS

Graduate Change of Major Form

Student Name _____ USF ID# _____

Address _____ Telephone _____

I am currently a Graduate Student in the _____ degree.

I now wish to change to the _____ degree.

I wish to add/drop a second major in _____ degree.

I wish to add/drop a concentration in _____.

Effective Date (Term and Year) _____

Student Signature _____ Date _____

Previous Advisor _____ New Advisor _____ Date _____

Recorded in the registrar's Office by: _____ Date _____

Copies to: Graduate School Registrar Advisor/Department Student

(Revised 3/20/2014)



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