



# AZM UNIVERSITY

## CHANGE OF MAJOR

Name ..... ID# .....  
Last First Middle

Faculty ..... Major ..... Semester/Year .....

Email ..... Telephone # .....

### Current Major

Faculty ..... Major .....

### New Program

Faculty ..... Major .....

Student's Signature: ..... Date: .....

Advisor's Signature: ..... Date: .....

#### Application Decisions and Signatures

Accept. If accept, please complete all the information below and return to the Registrar,s Office.

Has a re-evaluation of transfer credit been completed?  Yes  Pending  No change

If yes, please complete and attach the appropriate Credit form.

Rejected. if reject, please sign below and return the copy back to the student's current academic department

#### Registrar's Office Use Only:

Date Received .....

Date Processed .....  Return to Instructor

Processed By ..... Signature .....