NORFOLK STATE UNIVERSITY
OFFICE OF THE REGISTRAR
700 Park Ave.
Norfolk, VA 23504
(757)823-8229 • Fax: (757) 823-8907

PETITION TO CHANGE MAJOR/MINOR

(Please Print or Type)

DATE: _____/_____/_____

NAME: _____, _____ _____
LAST **FIRST** **MI**

SSN: _____-_____-_____

OLD MAJOR/ MINOR (circle one): _____ in _____
Degree **Old Major/Minor Code and Name**

NEW MAJOR/ MINOR (circle one): _____ in _____
Degree **New Major/Minor Code and Name**

DOUBLE MAJOR: [1]_____ [2]_____

Reason for requesting a change of major/ minor or double major:

_____

_____

_____

_____

_____ _____
Signature of Student **Date**

[ ] Approved
[ ] Disapproved _____ _____
Signature of *Current* Department Head **Date**

[ ] Approved
[ ] Disapproved _____ _____
Signature of *Prospective* Department Head **Date**

Name of New Academic Advisor: _____

New Curriculum ID and Name: _____

If petition is disapproved, please explain why:

_____

_____

_____

_____

[ ] Approved
[ ] Disapproved _____ _____
Signature of Registrar **Date**