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**REQUEST FOR CHANGE OF MAJOR**

**IMPORTANT**

Please write in **BLOCK LETTERS ONLY**.

Please provide all information required in this form.  
Incomplete forms will not be processed.

STUDENT NUMBER

NAME OF STUDENT

LAST NAME

FIRST NAME

MIDDLE NAME

CONTACT NUMBER

EMAIL ADDRESS

**CURRENT PROGRAM**

Advance Diploma     Local Degree

Major :

Intake :                      Month                      Year

**NEW PROGRAM**

Advance Diploma     Local Degree

Major :

Effectivity :                      Month                      Year

**REASON FOR CHANGE**

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ANY ADJUSTMENTS PERTINENT TO MY REQUEST WILL BE SUBJECT TO ADMINISTRATIVE CHARGES WHEN APPLICABLE AND THAT THE APPROVAL / DENIAL OF MY REQUEST IS THE SCHOOL'S PREROGATIVE.

RECEIVED BY :

SERVICE OFFICER ON DUTY

DATE RECEIVED :

STUDENT'S PRINT NAME AND SIGNATURE                      DATE

SERVICES VALIDATION

**FOR OFFICE USE ONLY**

APPROVED BY :

ENCODED BY :

NEW STUDENT NUMBER

ACADEMICS HEAD / DATE

SERVICE OFFICER / DATE

EFFECTIVITY DATE :