



2020 Riverside Drive
 Berlin, NH 03570
 Phone: (603) 752-1113
 Fax: (603) 752-6335

CHANGE / DUAL MAJOR FORM

INSTRUCTIONS

1. Complete ALL Information below.
2. Return completed form to the Registrar's Office, Rm 121

PLEASE PRINT – Complete all information requested below

<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____													
NAME:	<table border="1"> <tr> <td>STUDENT ID #</td> <td>A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	STUDENT ID #	A										
STUDENT ID #	A												
MAILING ADDRESS	PHONE NUMBERS												
Street or PO Box:	Primary Phone:												
City, State, Zip:	Secondary Phone:												

<input type="checkbox"/> I request a CHANGE OF MAJOR		
Current Program Major:	<input type="checkbox"/> Degree	<input type="checkbox"/> Certificate
Desired Program Major:	<input type="checkbox"/> Degree	<input type="checkbox"/> Certificate

<input type="checkbox"/> I request to enroll in a DUAL MAJOR		
Current Program Major:	<input type="checkbox"/> Degree	<input type="checkbox"/> Certificate
Desired Second Program Major:	<input type="checkbox"/> Degree	<input type="checkbox"/> Certificate

PLEASE RE-EVALUATE TRANSFER CREDITS

By my signature below, I understand that:

1. This request will be reviewed by the appropriate college officials.
2. Courses previously taken at White Mountains Community College may not transfer to my new program.
3. Courses previously transferred to White Mountains Community College may not transfer to my new program.
4. Any requests for a change of major after the drop period may take effect the next semester.

Student Signature: _____ **Date:** _____

Advisor Signature: _____ **Date:** _____
 (must have current program advisor's signature to complete change / dual major petition)

REGISTRAR'S OFFICE USE ONLY			
SAAADMS	Effective Term: _____	Initials: _____	Date: _____
SFAREGS	Curricula Catalog Term: _____		
Transfer Credit(s) Reviewed	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Reviewed Date: _____