



Savannah Technical College Request for Change of Major

***Do not use this form
if you are currently
enrolled as a dual
major student. ***

Name (*Print*): _____ DOB: _____

Student ID #: _____ (Form will not be processed without one)

Phone: _____ Other Phone: _____

Current Major: _____ **E-mail:** _____

I am hereby requesting that my current major be changed to

Name of Major Desired: _____ **New Advisor:** _____

Concentration: _____
 (*Check one*) ___ Degree ___ Diploma ___ Certificate

I wish this change to be effective for the

Fall ___ Semester _____

Spring ___ Semester _____

Summer ___ Semester _____

<i>Office Use Only</i>	
RDG	
ENG	
MAT	
ALG	
HS	

Note: Change of majors will be processed for a future term only and can not be updated for the current term.

I acknowledge that I am aware that a change in program level will affect my financial aid eligibility and/or type of financial award. I am aware that I must seek financial aid counseling and will be responsible for any balance that occurs as a result of a change in program and/or determination of ineligibility or reduction in award of financial aid.

Student Signature: _____ **Date:** _____

For Office Use Only

Student: ___ Meets program requirements ___ Does not meet the program requirements.

Needed to meet requirements: _____

Evaluated by: _____ Date: _____