

Complete and return this form to:  
Admissions Office  
303 Adams Street, Milton, MA 02186  
Email: Admissions@laboure.edu

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Date	Student ID	Email
Student Name		Current Major
I am requesting to:	Change my major	Add a major

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**Request New Major:**  
Please declare your NEW major: \_\_\_\_\_ Planned start semester: \_\_\_\_\_  
Reason for request: \_\_\_\_\_

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**Academic Advising**  
Any matriculated student requesting to change or add a new major is encouraged to meet with an Academic Advisor to discuss program requirements and options. The student should contact studentsuccess@laboure.edu to schedule an appointment prior to submitting this form to the Admissions Office.

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Academic Advisor Signature: _____	Date _____
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**Student Signature:**  
By submission of this request, I confirm this intent to change or add a new major. I understand that, if approved for a change of major, I will be withdrawn from my current program. I acknowledge that I must meet all admissions and program requirements for the new major and acceptance is not guaranteed.

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Student Signature: _____	Date _____
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**Program Dean or Chair Approval**  
 Approved     Approved with Conditions     Denied

Comments: \_\_\_\_\_

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Program Dean or Chair Signature: _____	Date _____
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**Admissions Office and Office of the Registrar Use Only:**  
The Admissions Office will process requests in Maintain Candidacy then give this form to the Office of the Registrar to process in Student Information.

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Admissions Office Processed By: _____	Date: _____
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Office of the Registrar Processed By: _____	Date: _____
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