

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

Date Student ID Email

Student Name Current Major

Request New Major:

Please declare your NEW major: _____ Planned start semester: _____

Reason for request:

Academic Advising

Any matriculated student requesting to change their 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.

Academic Advisor Signature: Date

Student Signature:

By submission of this request, I confirm this intent to change my major. I understand that, if approved, I will be withdrawn from my current program.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.

Student Signature: Date

Program Dean or Chair Approval

Approved Approved with Conditions Denied

Comments:

Program Dean or Chair Signature: Date

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.

Admissions Office Processed By: Date:

Office of the Registrar Processed By: Date: