

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
I am requesting to:	Change my major	Add a major

Request New Major:
Please declare your NEW major: _____ Planned start semester: _____
Reason for request: _____

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.

Academic Advisor Signature: _____	Date _____
-----------------------------------	------------

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 I understand that, if approved for a change of major, I will be withdrawn from my current program.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.

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: _____