HOFSTRA UNIVERSITY®
OFFICE OF ACADEMIC RECORDS
207 Memorial Hall
126 Hofstra University
Hempstead, New York 11549-1260

CHANGE OF STUDY

UNDERGRADUATE CHANGE OF MAJOR/MINOR/SPECIALIZATION/CONCENTRATION/DEGREE

Please type or print in ink. Upon completion, please **return this form to the Welcome Desk in 206 Memorial Hall**. If you have any questions, please call (516) 463-6680. Thank you.

Name (Please print.) _____ Student ID: _____

I am officially changing my major/minor/specialization/concentration/degree as indicated:

PRESENT MAJOR		NEW MAJOR
1. _____ 2. _____ Present Degree: _____	**TO**	1. _____ 2. _____ Present Degree: _____
PRESENT MINOR		**NEW MINOR**
1. _____ 2. _____ Present Degree: _____	**TO**	1. _____ 2. _____ Present Degree: _____

PRESENT SPECIALIZATION/CONCENTRATION AREA(S) WITHIN THE MAJOR, IF ANY.	NEW SPECIALIZATION/CONCENTRATION AREA(S) WITHIN THE MAJOR, IF ANY.
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Effective with the _____
TERM DATE

_____
STUDENT SIGNATURE DATE

_____
CHAIR/DEAN SIGNATURE OF NEW DEPT./SCHOOL DATE

SIGNATURES ARE REQUIRED WHEN CHANGING TO A NEW MAJOR/MINOR/ SPECIALIZATION/CONCENTRATION/DEGREE

HCLAS	CHAIR OF DEPT.
ZARB SCHOOL OF BUS.	CHAIR OF DEPT. OR DEAN
SCHOOL OF COMM.	CHAIR OF DEPT.
SCHOOL OF ED.	CHAIR OF DEPT.
NEW COLLEGE	CHAIR OF DEPT.

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Database _____

By _____

DO NOT WRITE IN THIS AREA

STUDENT ID __ __ __ - __ __ - __ __ __ __ SCHOOL __ __ DEG. __ __ 1st MAJ. __ __ __ __ 2nd MAJ. __ __ __ __

SPEC./CONC. 1st __ __ __ __ 2nd __ __ __ __ 3rd __ __ __ __ 1st MIN. __ __ __ __ 2nd MIN. __ __ __ __