



HOFSTRA UNIVERSITY

Office of Academic Records and Registrar
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CHANGE OF STUDY FORM

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, South Campus**. If you have any questions, please call **(516) 463-8000**, option 2.

Name (Please print.) _____ Student ID 70 - _____

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

<p style="text-align: center;">CURRENT MAJOR</p> <p>1. _____</p> <p>2. _____</p> <p>Current Degree: _____</p>	TO	<p style="text-align: center;">NEW MAJOR</p> <p>1. _____</p> <p>2. _____</p> <p>Degree: _____</p>
<p style="text-align: center;">CURRENT MINOR</p> <p>1. _____</p> <p>2. _____</p> <p>Current Degree: _____</p>	TO	<p style="text-align: center;">NEW MINOR</p> <p>1. _____</p> <p>2. _____</p> <p>Degree: _____</p>
<p style="text-align: center;">CURRENT SPECIALIZATION/CONCENTRATION AREA(S) WITHIN MAJOR, IF ANY.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>		<p style="text-align: center;">NEW SPECIALIZATION/CONCENTRATION AREA(S) WITHIN MAJOR, IF ANY.</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

Effective as of _____
SEMESTER/YEAR

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 70 - ____ - ____ SCHOOL ____ DEG. ____ 1st MAJ. ____ 2nd MAJ. ____

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