



# Request for Change of Major Form

Please complete information in Sections I & II, and submit the form to the new academic department. This form functions as a change and/or declaration of a major, minor, emphasis and degree. The following academic departments require specific program admission standards independent of the university admissions requirements: University College, College of Business, School of Music, College of Music Business, and School of Nursing. Students should submit completed forms to Belmont Central. If the academic department remains unchanged, please have that department representative to sign below.

### Section I:

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_ Email address: \_\_\_\_\_  
Current Major: \_\_\_\_\_ Current Minor: \_\_\_\_\_  
Current Advisor: \_\_\_\_\_ Current Emphasis: \_\_\_\_\_

### Section II:

Please indicate proposed action:  Add  Drop  Change  
Major: \_\_\_\_\_ Degree: \_\_\_\_\_  
(BA, BS, BM, BBA, BFA, BSN, BSW or no change)  
Second Major (if applicable): \_\_\_\_\_ Double Degree (if applicable): \_\_\_\_\_  
Minor(s): \_\_\_\_\_ Emphasis or Concentration: \_\_\_\_\_  
Comments:  
\_\_\_\_\_  
\_\_\_\_\_

### Section III:

Read and answer questions #1-2. Answer #3 (if applicable).

1) Are you seeking licensure? Yes  or No

2) Education majors only, please indicate the track: (check one box for items a-d)

- a. Degree: BA  or BS
- b. Track: MAT (Full time)  Montessori  Special Education
- c. Internship (Part time): Yes  or No
- d. Grade Level: PreK-3  4-8  7-12  K-12

3) Are you a student-athlete? Yes  or No   
If yes, please obtain initials of the Athletic Academic Coordinator. \_\_\_\_\_ (initial) \_\_\_\_\_ (date)

### Section IV:

I understand my degree requirements are in accordance with the effective catalog in which I entered Belmont University or the active catalog upon graduation from the university. As stated in the catalog, the "general policies and procedures" in the latest edition are always applicable to all students. When requesting to deviate from the curriculum, I acknowledge it is my responsibility to review the catalog and verify with my academic advisor prior to taking action. By changing my major, I acknowledge that any courses earned previously may not apply toward the new major and could delay the anticipated graduation date. For more information, go to [www.belmont.edu/catalog](http://www.belmont.edu/catalog).

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

### To be completed by the authorized departmental individuals.

Authorized academic department representative \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)  
Belmont Central representative \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)