## The College of New Jersey Office of Records and Registration P.O. Box 7718, Ewing, NJ 08628-0718

Phone: (609)771-2141 Fax: (609)637-5184

## CHANGE OF MAJOR/SECOND MAJOR (CHANGE OF PLAN)

Last N	lame:		First Name:			MI:		PAWS ID:		
Phone	e:	TCI	NJ E-Mail:		Pre	esent Maj	or:			
DIR		•		ne Department to which with the responsibility to	-	-	_	•	must obtain	the
New I	Major:		N	ew Second Major: (if ap	plicabl	e)				
Speci	alization (if applicab	le)								
Please	e indicate if you are o	dropping a majo	r:							
lepartm		-		dation Courses that are ulletin.pages.tcnj.edu/u	-			-	-	
	Course #		Course Name			С	ompleted (Y/N)	Grade		
	Student Signature:						Da	ate:		
his case	, the new department	is required to assi	gn this student a	nce requirement (FOUND) an advisor and provide ac llowed to declare a specia	cess to	any cours	se that	will help the	student meet	
	Are there exceptions or waivers of Program Requirements? If yes, post memos in PAWS									
	First and Last Name	e of Student's Ne	w Advisor:							
	Department Chair S	iignature:					Da -	nte:		
	Department Chair S	Signature:					Da –	ate:		

<sup>++</sup>Two signatures are required if the student is changing the order of his/her double majors (i.e. if the primary major is going to be the secondary major or vice versa) or transferring to the School of Education.