

# Change/Declaration of Major After Accruing 96 Units

Name \_\_\_\_\_ "Go cl'aaaaaaaaaaaaaaaaaaaaaaaaaaaa  
"Student ID \_\_\_\_\_ "Rj qpg'aaaaaaaaaaaaaaaaaaaaaaaaaaaa

**BRING A COPY OF YOUR TRANSCRIPTS, DARS REPORT, and ASE (IF APPLICABLE) WHEN YOU MEET WITH AN ADVISOR.**

**PART I – MAJOR COURSES STILL REQUIRED (Do not use this form to add a second or third major)**

Major: \_\_\_\_\_  
Part I must be signed by your major advisor and chair. Contact your department office if you do not have an advisor assigned to you. **Complete form before reviewing with advisor for approval.** The following is needed to fulfill the requested major requirements:

<u>Course # and Title</u>	<u>Units</u>	<u>Semester</u>	<u>Course # and Title</u>	<u>Units</u>	<u>Semester</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reviewed and Approved by:

Major Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Comments: \_\_\_\_\_

Major Chair Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Comments: \_\_\_\_\_

**PART II – NON-MAJOR REQUIREMENTS (UNIVERSITY AND GE REQUIREMENTS)**

Part II must be signed by an advisor in the Advising Center, a College Resource Center, GE advisor in your major department, or EOP (EOP students only). **Complete the form before reviewing with your advisor for approval.** The following is needed to fulfill non-major and/or other graduation requirements:

OASIS  120 UNITS  UD UNITS  MIN 60 UNITS  JEPET/414  RAISE GPA

<u>Course # and Title</u>	<u>Units</u>	<u>Semester</u>	<u>Course # and Title</u>	<u>Units</u>	<u>Semester</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Reviewed and Approved by:

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Comments: \_\_\_\_\_

**PART III - DEGREE COMPLETION PLAN (To be completed by student)**

Please complete the following graduation plan, listing by semester the courses you must take to fulfill your graduation requirements.

**Anticipated Date of Graduation:** \_\_\_\_\_

Semester: \_\_\_\_\_

Course #/	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Units	_____ / _____	_____ / _____	_____ / _____	_____ / _____
	_____ / _____	_____ / _____	_____ / _____	_____ / _____
	_____ / _____	_____ / _____	_____ / _____	_____ / _____

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return the completed form to the Registrar Office. Keep a copy for your files and reference when you register for classes.**