



COLLEGE OF  
**EDUCATION**

Office of Graduate Studies  
TCU Box 297900  
Fort Worth, TX 76129  
817. 257.7661

## CHANGE OF MAJOR REQUEST

Name \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please change my major in \_\_\_\_\_

To the Following major in \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Advisor

\_\_\_\_\_  
Date

After you have met and received approval from your advisor, return this form to the College of Education, Graduate Studies office, Bailey #204.

Request Accepted \_\_\_\_\_

Request Denied \_\_\_\_\_

\_\_\_\_\_  
New Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jan Lacina, Ph.D.  
Assoc. Dean of Graduate Studies

\_\_\_\_\_  
Date