



PLEASE PRINT
DATE:

Month/Day/Year

Change of Major and/or Minor Course of Study

Office of the Registrar, East Carolina University, Greenville, North Carolina 27858-4353

Student Name: _____

(Student's Full Name)

ECU ID Number: _____

B _____

Term: _____

Year : _____

Current Dept.: _____

Change to Dept.: _____

Catalog Year: _____

Degree: _____

Major

Concentration

Minor (If Applicable)

2nd Minor (If Applicable)

2nd Major (If Applicable)

2nd Concentration (If Applicable)

2nd Minor (If Applicable)

Advisor Name: _____ Advisor ECU ID: _____

Student Signature: _____ Advisor/Department Approval: _____