Change of Major and/or Minor Course of Study

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

PLEASE PRINT

DATE:

Month/Day/Year

Student Name: ___________________________________(Student’s Full Name)

ECU ID Number: __________________________

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: ____________________________

last updated 7/10/2007