CLEAR Tracking #: SUBMIT PRINT

San José State University

Graduate Change of Major Application

This form is to be used *ONLY BY STUDENTS WHO ARE CURRENTLY ENROLLED AND WISH TO CHANGE THEIR MAJOR*

1. What Term is This Effective? Fall ☐ Spring ☐ Year?

2. Student ID #: _____

3. Date of Birth: _____

4. _____
Last Name First Name Middle Initial

5. _____
Street Address

6. _____ CA _____
City State Zip Code

6a. Home telephone _____ 6b. Daytime telephone _____

7. Email Address: _____

8a. Current: _____
Major/Credential Degree

8b. Change to: _____
Major/Credential Degree

9. Have you resided continuously in California during the last 12 months? ☐ Yes ☐ No

10a. Have you been Disqualified? Yes ☐ No ☐

10b. If "**YES**", list the major on your reinstatement petition

_____

My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation may be cause for denial or cancellation of admission or enrollment.

_____ _____
Signature **Date**