



## Change of Major or Concentration Form

**Student Name:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**e-Mail:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

	<b>CURRENT</b>	<b>NEW</b>
<b>BA</b>	<ul style="list-style-type: none"><li>• Accounting</li><li>• Business Administration and Management</li><li>• Economics and Finance</li><li>• Political Science and International Relations</li><li>• Data Science</li><li>• Information Technology</li></ul>	
<b>MA</b>	<ul style="list-style-type: none"><li>• Business Administration</li><li>• Big Data Analytics</li><li>• Cyber Security</li></ul>	

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Academic Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Registrar's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**DSO Signature (if applicable):** \_\_\_\_\_

**Date:** \_\_\_\_\_