



**Saint Xavier**  
UNIVERSITY

Office of Records and Registration

# CHANGE/DECLARATION OF MAJOR/CONCENTRATION PROGRAM

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Previous Major \_\_\_\_\_ Student ID# \_\_\_\_\_

New Major \_\_\_\_\_ Current Advisor \_\_\_\_\_

Additional Major \_\_\_\_\_ New Advisor \_\_\_\_\_

Degree Sought: BA      BBA      BM      BS      BSN      MA      MACS      MPH      MSN

**REQUIRED** - Anticipated term of graduation \_\_\_\_\_ Have you petitioned to graduate? Yes  No

Do you have a minor? Yes  No  If yes, what is your minor? \_\_\_\_\_

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## FOR OFFICE USE

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Previous Program Ended \_\_\_\_\_ New Program Entered \_\_\_\_\_ Date Previous Advisor Ended \_\_\_\_\_ Initial \_\_\_\_\_

Program Evaluation Review Date \_\_\_\_\_ Initial \_\_\_\_\_ Student Graduation Date Reviewed Date \_\_\_\_\_ Initial \_\_\_\_\_

Previous Program EXC/OVER Yes / No Initial \_\_\_\_\_ SGRD Term \_\_\_\_\_ Yes/No Initial \_\_\_\_\_