

# East-West University

## CHANGE OF MAJOR

Please Print.

### STUDENT INFO:

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

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CURRENT MAJOR:** \_\_\_\_\_

### NEW MAJOR:

Please select from the EWU degree programs listed below:

Bachelor of Science (4-year)	
<input type="checkbox"/>	Electronics Engineering Technology
<input type="checkbox"/>	Business Administration (Select a concentration)
	___ Accounting
	___ General Business
	___ International Business
	___ Management
	___ Forensic Studies
<input type="checkbox"/>	Computer & Information Science (Select a concentration)
	___ Database Specialist
	___ E-Commerce Technology Specialist
	___ Information Systems Analyst
	___ Multimedia Specialist
	___ Software Engineering Specialist
	___ Telecommunication Specialist
Associate of Applied Science (2-year)	
<input type="checkbox"/>	Computer & Information Science
<input type="checkbox"/>	Electronics Engineering Technology
<input type="checkbox"/>	Office Administration

Bachelor of Arts (4-year)	
<input type="checkbox"/>	English & Communications
<input type="checkbox"/>	Mathematics
<input type="checkbox"/>	Behavioral Sciences (Select a concentration)
	___ African or Af-Am Studies
	___ Criminal Justice
	___ International Relations
	___ Psychology
	___ Social Work
Associate of the Arts (2-year)	
<input type="checkbox"/>	Liberal Arts (Select a concentration)
	___ Behavioral Sciences
	___ English & Communications
	___ General Sciences
	___ Intra-Operative Nueromonitoring
	___ Life Sciences
	___ Mathematics
	___ Neurotechnology
	___ Polysomnography

9-Month Certificate:			
<input type="checkbox"/>	General Office Assistant	<input type="checkbox"/>	English as a Second Language
<input type="checkbox"/>	General Sciences	<input type="checkbox"/>	Life Sciences
<input type="checkbox"/>	Medical Office Technology	<input type="checkbox"/>	Other Certificate: _____

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NEW Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Records Office Approval: \_\_\_\_\_