International Programs Office
Change of Major/Program

NOTE: A change of Major will require a new I-20

STUDENT INFORMATION Received Date: _____________________

Student ID #: _____________________

Name: _____________________________________________________________________________________________
  (Last Name)     (First Name)    (Middle Name)

Street Address: _____________________________________________ Apartment # ______________

City: _____________________________________________ State: ___________________ Zip Code: ______________

E-mail: _____________________________________________ Phone: ______________________________________

Current Major/Program _______________________________

New Major/ Program _________________________________

Student’s Signature: __________________________________ Date: ________________________________

FOR ADVISOR:

This student will graduate at the end of: ☐Fall ☐Spring ☐Summer Semester in 20 _____.

I confirm that the student has been advised and a degree audit provided. I agree that all the information listed above is complete and correct.

Advisor’s Name: _______________________________ Phone: ________________________________
  Printed

Signature: ______________________________________ Date: ________________________________

Return or fax this form to:
Global Communities Office
Office: (479) 619-2224
Fax: (479) 619-2665
internationalprograms@nwacc.edu

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