



**Office of the Dean**  
 Buchtel College of Arts and Sciences  
 CAS 118  
 Akron, OH 44325-1901  
 (330) 972-7880 Office

## CHANGE OF MAJOR FOR BCAS STUDENTS ONLY

Student's Name \_\_\_\_\_ Email: \_\_\_\_\_

ID Number: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**\*\*PLEASE NOTE THAT THIS FORM IS ONLY VALID ON CHANGES FOR STUDENTS THAT ARE ADMITTED WITHIN THE COLLEGE OF ARTS AND SCIENCES**

Old Major (from)	_____	_____
	Academic Plan Number	Academic Plan Name
New Major (to)	_____	_____
	Academic Plan Number	Academic Plan Name

1. \_\_\_\_\_  
 Student Signature Date

2. \_\_\_\_\_  
 A&S College Advisor Signature Date

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**DEAN'S OFFICE USE:**

**UPDATED BY:**

**Requirement Term Change**  
**If Needed:** \_\_\_\_\_