



**Philander Smith College
Little Rock, Arkansas**

**OFFICE OF THE REGISTRAR
CHANGE OF MAJOR/MINOR FORM**

Student Name: _____ **Student I.D. #** _____

Expected Graduation Date (Year/Month) _____ **Student's Catalog Year:** _____

Advisor's Name: _____ **Advisor's Instr. No.** _____

From: _____ **To:** _____

New Advisor's Name: _____ **New Advisor's Instr. No.** _____

Student's Signature **Date**

Advisor's Signature **Date**

Major Division Chair **Date**

Minor Division Chair **Date**

Completed form is to be returned to the Office of Registrar.