



CHANGE OF MAJOR FORM

Instructions: Kauai Community College MUST be your designated home campus. If you are a student receiving VA educational benefits, then the School Certifying Official must initial this form after approving the change. International students must meet with their academic advisor and receive signed approval. If you are seeking to change your major to Nursing or Medical Assisting, then you must meet with the Health Education advisor for further instruction. The Change of Major form must be submitted to the **Admissions & Records Office** no later than the first day of instruction for the effective term.

STUDENT INFORMATION

Name: _____
Last First MI

UH Number: _____ **OR** UH Username: _____

Are you receiving VA Educational Benefits? ☐ YES ☐ NO VA SCO: _____ Date: _____

Are you receiving Financial Aid? ☐ YES ☐ NO

Are you an international student on an F-1 visa? ☐ YES* ☐ NO

*Academic Advisor Signature: _____ Date: _____

CURRENT MAJOR: _____

Concentration (if applicable): _____

CURRENT OBJECTIVE:

☐ Associate Degree ☐ CA - Certificate of Achievement ☐ CO - Certificate of Competence

NEW MAJOR: _____

Concentration (if applicable): _____

NEW OBJECTIVE:

☐ Associate Degree ☐ CA - Certificate of Achievement ☐ CO - Certificate of Competence

I am requesting to change my program of study as indicated above. I understand that I may see an academic advisor to review my newly declared major requirements. I understand that a change in major may affect my financial aid eligibility and award (contact the Financial Aid Office for details). I understand that I am responsible for meeting all of the program and graduation requirements for the degree/certificate I selected as my major. I also certify that I have reviewed my STAR What If Journey and understand how changing my major may impact my length of study and academic progress.

By signing this form, I have read and understand the above statements.

Student Signature: _____ Date: _____

Admissions & Records Office	Copy to:
SGASTDN: _____ Effective Term: _____ Processed by: _____	COUN : _____
Ed Goal: <input type="checkbox"/> NU <input type="checkbox"/> WO Effective Term: _____	VA SCO: _____
	FIN AID: _____