



UNIVERSITY OF HOLY CROSS

Office of the Registrar - 4123 Woodland Drive, New Orleans, LA 70131

(504) 398-2235 - registrar@uhcno.edu

CHANGE OF MAJOR

Name: _____
Last First M.I.

Date of Birth: _____ **Student ID:** 000 - _____ - _____

Phone: _____ **Email:** _____

Previous Degree: A.A. A.S. B.A. B.S. M.A. M.Ed. M.S. Ed.D. Ph.D.

Previous Major: _____

New Degree: A.A. A.S. B.A. B.S. M.A. M.Ed. M.S. Ed.D. Ph.D.

New Major: _____

Student's Signature

Date

REGISTRAR'S OFFICE USE ONLY:	
_____ Processed by	_____ Date