CHANGE OF MAJOR
for enrolled students

ENTERING STUDENTS: New, returning, and transfer students must contact the Admissions Office before registration.

ENROLLED STUDENTS: Enrolled students may request a change of major anytime during the year. To be in effect for early registration, the Records Office must receive the change **no later than April 1st for Summer or Fall early registration or November 1st for Spring early registration.**

PLEASE FILL OUT THIS SECTION COMPLETELY

Student Type (check one):

❑ Enrolled/Continuing Student   ❑ New Freshman/First Time Student   ❑ OTHER

Name: _____
Print Last Name, First Name, Middle Initial(s)

Student ID/UH Username: _____ Current Major: _____

Are you F-1 or M-1 Student Visa Status?   ❑No   ❑Yes, foreign students on F-1 or M-1 visa status are not allowed to change major

Are you receiving Financial Aid?   ❑No   ❑Yes, please notify FA Office of change

Are you receiving Veterans' Benefits?   ❑No   ❑Yes, I have attached the VA Form 22-1995
(Request for change of Program or Place of Training)

Effective Date: ❑ Spring   ❑ Summer   ❑ Fall

To view program information, visit us online at www.honolulu.hawaii.edu/programs
New Major (check one):

❑ ABRP   Attach a copy of respirator clearance
❑ AMT   Attach a copy of a valid driver's license
❑ APTR   Attach proof of enrollment or completion of Federal or State of Hawaii apprenticeship program
❑ ECE   Select ❑ Infant/Toddler or ❑ Preschool
❑ COSM   Attach a copy of a High School Diploma or GED
❑ MELE   Select ❑ Audio Engineering or ❑ Music Business
❑ NS   Select ❑ Biological Science or ❑ Physical Science
❑ LBRT   Declare an option if applicable: _____
❑ VESL   Attach a copy of respirator clearance
❑ Other   SPECIFY: _____

Type of Degree (check one):

❑Associates in Arts (AA) – LBRT only
❑Associates in Science (AS)
❑Associates in Applied Science (AAS)
❑Certificate of Achievement (CA)
❑Other (specify): _____

Student's Signature: _____ Date: _____

Re-evaluate Transcript
Counselor's Signature: _____ Date: _____ ❑ Yes ❑ No

Circulate: VA_____   FA_____