HONOLULU COMMUNITY COLLEGE
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: __________

Counselor’s Signature: __________________________________________ Date: __________

☐ Yes  ☐ No

Circulate: VA_______ FA_______