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, submit VA Form 22-1995, 22-5495, or 28-1905

Effective Term: ☐ Spring ☐ Summer ☐ Fall Year 20_______

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

☐ CSNT

☐ COSM Attach a copy of a High School Diploma or GED

☐ ECE Select ☐ Infant/Toddler or ☐ Preschool

☐ HWST Select ☐ Ho’okele or ☐ ‘Olelo Hawai’i

☐ MELE Select ☐ Audio Engineering or ☐ Music Business

☐ NS Select ☐ Biological Science ☐ Engineering Science or ☐ Physical Science

☐ LBRT Declare an option if applicable: __________________________

☐ Other SPECIFY: __________________________

Type of Degree (check one):

☐ Associate in Arts (AA) – LBRT and HWST only

☐ Associate in Science (AS)

☐ Associate in Applied Science (AAS)

☐ Certificate of Achievement (CA)*

☐ Other (specify): __________________________

Student’s Signature: __________________________________ Date: __________

Counselor’s Signature: __________________________ Date: __________ ☐ Yes ☐ No

Re-evaluate Transcript

Circulate: VA ________ FA ________ *Gainful Employment Disclosure ________

Revised 06/27/19 Records - CSR