HONOLULU COMMUNITY COLLEGE
CHANGE OF MAJOR

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

ENROLLED STUDENTS: Enrolled students may submit a change of major anytime during the year for future terms. 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: ___________________________  Student ID/UH Username: ___________________________

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

Current Major: ___________________________

Are you of F-1 or M-1 Student Visa Status: ☐ No  ☐ Yes, F-1 or M-1 Visa/foreign students must meet with the Registrar (PDSO)
Are you receiving Financial Aid? ☐ No  ☐ Yes, please notify FA Office of change
Are you receiving Veterans’ Benefits? ☐ No  ☐ Yes

EFFECTIVE TERM: ☐ Fall  ☐ Spring  ☐ Summer  Year: 20 _______

To view program information, visit us online at www.honolulu.hawaii.edu/programs

NEW MAJOR (check one):
☐ ABRP  Attach a copy of your respirator clearance
☐ AEC  Select focus:  ☐ Architectural Tech.  ☐ Construction Management
☐ AERO
☐ AJ
☐ AMT  Attach a copy of your valid driver’s license
☐ APTR  Attach proof of enrollment or completion of Federal or State of Hawaii apprenticeship program
☐ CA
☐ CARP
☐ COSM  Attach a copy of your High School Diploma or GED
☐ CSNT
☐ DISL
☐ ECED  Select a concentration:  ☐ Infant/Toddler  ☐ Preschool
☐ EIMT
☐ FIRE
☐ FT
☐ HSER
☐ HWST  Select a concentration:  ☐ Ho’okele  ☐ ‘Ōlelo Hawai’i
☐ LBRT
☐ LBRT-EXP*  ☐ Exploratory-Business*  ☐ Exploratory-Health Sciences*  ☐ Exploratory-Social Sciences*
☐ MELE  Select a concentration:  ☐ Audio Engineering  ☐ Music Business and Production
☐ NS  Select a concentration:  ☐ Biological Science  ☐ Engineering  ☐ Physical Science
☐ OESM
☐ RAC
☐ SMP
☐ WELD
☐ Other:

DEGREE TYPE (check one):
☐ AA (LRBT and HWST only)  ☐ AS  ☐ AAS  ☐ CA  ☐ OTHER: ___________________________

Student’s Signature ___________________________________________  Date: ____________

Counselor’s Signature ___________________________________________  Date: ____________

Re-Evaluate Transcripts ☐ Yes  ☐ No

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Admissions and Records Office Use Only
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Circulate: VA _______ FA _______

Processed by: _______ on _______

*PROGRAM NOT DEEMED APPROVED BY THE U.S. DEPARTMENT OF VETERANS AFFAIRS

Revised 02.21.2020 Records – GHT/CSR