Modification of Major



Instructions:

- 1. Please type directly into each field and use additional forms if necessary.
- 2. Students: Please print and sign. Be sure to bring a copy of your degree audit or other appropriate documentation if meeting with the Department Chair or designee.
- 3. Please be sure to have all required signatures and fields completed. Incomplete forms will be returned.

<u>Note: A minimum of 18 units of coursework must be completed in the major</u>. Due to the prescriptive nature of AA-T/AS-T degrees, please consult with the Articulation Officer prior to approving a modification of major.

| Part I: Student In | formation | | | | | | | | | | |
|---|-----------------------------------|------------------------|--------------------|-----------------|--------------|--|-------------------|-------------|-----------------------------------|----------|----------|
| Name | | | | | | StudentID | | | | | |
| Address | | | | | | Email | | | | | |
| City | | State | | Zip Code | | Phone | | | | | |
| Cuyamaca Major: | | | | | | | Catal | og Year | | | |
| Part II: Modification | on Request | Please check t | he appro | opriate option. | If course | was completed at another c | ollege, please in | dicate coll | ege and exact | course | prefix. |
| Substitutio | | | | | | ajor. If using coursework r to submitting this form | | institutio | n, an official | transc | ript |
| Courses Require | naca Major | | Substitute Courses | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Justification | ո։ | | | | | | | | | | |
| Add Cours | | adding or wai | ving co | ursework in | the maj | or. If more space is red | quired, please | e use ado | ditional she | ets of | paper. |
| ` ' ' ' | | Course (e.g. ANTH 1 | | | | Area/Category listed on major/minor form (e.g. support of the major) | | | Term & Year Taken/ to be Taken | | Units |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Justification: | | | | | | | | | | | |
| | | | | | | Authorize | | | | | |
| Out of Sequ | ience Cou | rse: | | | | P/CR in Majo | r Course | | | | |
| Check this option if you requirement. Please in | | | en out o | f sequence to | fulfill a ma | jor Check this option if yo fulfill a major requiren | | | | redit" ह | grade to |
| Student Signature | | | | | | | | | Date | | |
| | | | | ı | or Office | e Use Only | | | | | |
| | Check | Here if this is | s a bla | | | vaiver/approval for t | he Cuyamac | a Major | | | |
| ApprovedDisapproved | roved Department Chair Signature: | | | | | | | ı | Date | | |
| ApprovedDisapproved | Instructional Door Cignotures | | | | | | | 1 | Date | | |