

ILLINOIS INSTITUTE OF TECHNOLOGY

**CHANGE OF MAJOR
AND/OR
DECLARATION OF DUAL DEGREE**

PLEASE PRINT

NAME _____
Last First Middle

ADDRESS _____
Street Number Apt. Number

City State Zip Code

PHONE NUMBER E-MAIL ADDRESS

STUDENT ID # _____

CURRENT MAJOR _____

IF YOU ARE REQUESTING A CHANGE OF MAJOR, COMPLETE SECTION I

I. NEW MAJOR _____

REASON _____

IF YOU ARE DECLARING A DUAL DEGREE, COMPLETE SECTION II

II. SECOND DEGREE/MAJOR _____

STUDENT'S SIGNATURE _____ DATE _____

SIGNATURE MUST BE OBTAINED BEFORE SUBMITTING:

Future Academic Unit Head _____ DATE _____

Please complete and return to Office of Educational Services, Room 101, Main Building.

PLEASE INDICATE NEW ADVISOR _____