



LOUISIANA DELTA  
COMMUNITY COLLEGE

# CHANGE OF MAJOR

Please submit signed form to Enrollment Services.

NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT MAJOR:

NEW MAJOR:

EFFECTIVE TERM:

CAMPUS OF NEW MAJOR:

*I understand that by signing this form, I am giving Louisiana Delta Community College permission to officially change my major and catalog term as I have indicated on the list.*

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADVISOR SIGNATURE (INTENDED MAJOR): \_\_\_\_\_ DATE: \_\_\_\_\_

ENROLLMENT SERVICES: \_\_\_\_\_ PROGRAM CODE: \_\_\_\_\_ DATE: \_\_\_\_\_