



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: _____

ENROLLMENT SERVICES: _____ DATE: _____

PROGRAM CODE: _____