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| **Change of Major** | | | | |
| **Student Information** | | | | |
| Name: |  | | | |
|  | First | Second |  | Third |
| Student A#: Email: @students.auk.edu.krd | | | | |
| Current Major: | | | | |
| New Major: | | | | |
| High School Average: | |  | AUK CGPA: |  |
| Class: | Freshman | Sophomore | Junior | Senior |
| Start New Major: Fall Spring | | | Academic Year: | |
| Date: | / | / | Student Signature: | |
| DD | MM | YYYY |  |  |
| ***Important Notes:*** | | | | |
| • | This form must be completed and submitted to the Office of Admissions before the start of the semester. | | | |
| • | The student must meet the requirements of the new major (check admissions requirements). | | | |
| **Approvals** |  |  |  |  |
| Current Academic Head: | | Approved Not Approved | | |
| Date: | / / | Signature: | |  |
| DD MM YYYY | | | | |
| Prospective Academic Head: | | Approved Not Approved | | |
| Date: | / / | Signature: | |  |
| DD MM YYYY | | | | |
| Scholarship Officer: | | Approved Not Approved | | |
| Date: |  |  |  |  |
|  | / / | Signature: | |  |
| DD MM YYYY | | | | |
| Director of ARD: | | Approved Not Approved | | |
| Date: | / / | Signature: | |  |
| DD MM YYYY | | | | |
| Provost : |  | Approved Not Approved | | |
| Date: | / / | Signature: | |  |
| DD MM YYYY | | | | |
| **\* Provost's approval is required only when the student requests to change his/her college** | | | | |