



COLLEGE OF
EDUCATION

Office of Graduate Studies
TCU Box 297900
Fort Worth, TX 76129
817. 257.7661

CHANGE OF MAJOR REQUEST

Name _____ ID# _____

Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

Please change my major in _____

To the Following major in _____

Student's Signature

Date

Current Advisor

Date

After you have met and received approval from your advisor, return this form to the College of Education, Graduate Studies office, Bailey #204.

Request Accepted _____

Request Denied _____

New Advisor

Date

Jan Lacina, Ph.D.
Associate Dean of Graduate Studies

Date