



# Great Bay Community College

GREAT BAY COMMUNITY COLLEGE, STRATHAM, NEW HAMPSHIRE

## CHANGE OF DEGREE/MAJOR OR DUAL DEGREE FORM

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

I request a **Change of Major or Dual Degree** (Please circle one)

From:

\_\_\_\_\_ Degree \_\_\_\_ Diploma \_\_\_\_ Certificate \_\_\_\_

To:

\_\_\_\_\_ Degree \_\_\_\_ Diploma \_\_\_\_ Certificate \_\_\_\_

I understand that the appropriate college official will review this request. Upon approval, a copy of this request will be forwarded to me. I also understand that some courses previously taken may not transfer to my new program. A change in program presupposes successful completion of all courses currently enrolled.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Chair/Advisor Signature

\_\_\_\_\_  
Date

### Approval/Disapproval (Please circle choice)

\_\_\_\_\_  
Admissions Office Official Signature

\_\_\_\_\_  
Date

Further Action Requested:      Yes/No      (Please circle)