



INTERNATIONAL TECHNOLOGICAL UNIVERSITY

Change of Major Form

NOTE: ALL INFORMATION MUST BE COMPLETED OTHERWISE REQUEST FOR APPROVAL OF CHANGE OF MAJOR WILL BE DENIED.

Student Information:

First Name: _____

Last Name: _____

Student ID: _____ Email ID: _____

Current Semester: _____ Phone No: _____

Current Address: _____

Current Program of Study: _____

Desired Program of Study: _____

Reason for Change of Major: _____

Student Signature: _____

Date: _____

Office Use Only:

Approval Date: _____

Approved By: _____

Please Note:

- Students are required to attach a copy of their transcript.
- Students are expected to update their E-portfolios with the same.