



Please complete the requested information completely. Forms that are incomplete cannot be processed. Return completed form to the office of Admission & Records AD/SS 100 or email the completed form to admissions@valleycollege.edu if you have any questions concerning your educational plan and/or your academic progress toward the Associates Degree or Certificate, please make an appointment with the Counseling Office (909-384-4404) BEFORE submitting this form.

SAN BERNARDINO VALLEY COLLEGE Change of Major Form

Student ID#: _____

Date: _____ Current Semester: () Fall () Spring () Summer

Name: _____ Date of birth: _____

Address: _____

Phone: _____

Student Email: _____

(New Degree/Major) _____

(Current Degree/Major) _____

Student Signature

Date

Do Not Write Below This Line

(For College Use Only)

This application is () Approved.

() Disapproved.

Comments: _____

Date

Signature