



TO BE COMPLETED BY STUDENT:

Name (Please Print):					
MSUB Student ID:	First P	hone ()	Middle Email:	Last
Local Address:					
Why do you wish to chan	ge your majo	-}			
Student Acknowledgi	<u>ment</u>				
I, immediately report any c order to maintain immigr Office of International Stu	hange in acad ation status. I	emic prog acknowle	gram t edge t	hat not reporting this cha	onal Studies in ange to the
Student Signature				Date//_	
TO BE COMPLETED BY AC	CADEMIC ADV	ISOR OF F	RECO	RD:	
Student ID:			Pr	evious Major:	
				ademic Standing	
Expected Date of Gradua		mester/Year			
Advisor's Name				Title:	
Phone ()				Email	
Comments (if any)					
Advisor's Signature				Date / /	