



## Dual Enrollment Change of Major Form

Date: \_\_\_\_\_ Student ID/SSN: \_\_\_\_\_

**Important: Program cannot be changed once the term begins**

Student Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

WGTC Email: \_\_\_\_\_

Current Major: \_\_\_\_\_

New Major: \_\_\_\_\_

Degree Diploma Certificate Courses Only

Campus: \_\_\_\_\_

Effective Term: \_\_\_\_\_

By signing below I acknowledge that I have read and understand this form in its entirety.

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

Please allow three business days for processing