



**ROXBURY COMMUNITY COLLEGE**  
**Office of the Registrar**

**CHANGE OF MAJOR FORM**

**ID NUMBER:**

**Last Name:**

**First Name:**

**Current Major:**

**New Major:**

**Major Code:**

**Major Code:**

**Degree:**

**Degree:**

- Associate of Arts*  
 *Associate of Science*  
 *Certificate*

- Associate of Arts*  
 *Associate of Science*  
 *Certificate*

**Students read and sign below:**

**If you have applied for or are receiving Financial Aid and/or Veterans Benefits, your benefit eligibility may be affected if you change your major. We recommend that you make an appointment with a Financial Aid Counselor or VA Certifying Official to discuss any financial implications of changing your major.**

**I understand that I must meet all the graduation requirements for the new major as stated on the program sheet of the effective term.**

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registrar's Office Use Only**

**Processed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_